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KFI 1235 .A21
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no. 42
Illinois register
Received on: 10-21-91



1991

Illinois Register

Rules of Governmental Agencies

Volume 15, Issue 42 — October 18, 1991

Pages 14729-15198

Administrative Code Div.
288 Centennial Bldg.
Springfield, IL 62756
(217) 782-9786

published by
George H. Ryan
Secretary of State



Printed on recycled paper

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INTRODUCTION

The *Illinois Register* is the official state document for publishing public notice of rulemaking activity by State governmental agencies. The table of contents is arranged categorically by rulemaking activity and alphabetically by agency within each category. Rulemaking activity consists of proposed or adopted new rules or amendments to or repealers of existing rules, including those by emergency or peremptory action.

The *Register* also contains Executive Orders and Proclamations issued by the Governor, notices of public information required by State statute, and activities (meeting agendas, Statements of Objection or Recommendation, etc.) of the Joint Committee on Administrative Rules (JCAR), a legislative oversight committee which monitors the rulemaking activities of State agencies. In addition, the *Register* contains a Cumulative Index listing alphabetically by agency the Parts (sets of rules) on which rulemaking activity has occurred in the current *Register* volume and a Sections Affected Index listing, by Title of the *Illinois Administrative Code*, each Section (including supplementary material) of a Part on which rulemaking activity has occurred in the current volume. Both indices are action coded and are designed to aid the public in monitoring rules.

The *Register* will serve as the update to the *Illinois Administrative Code*, a compilation of the rules of State agencies. The most recent edition of the *Code* along with the *Register* comprise the most current accounting of the State agencies' rules.

The *Illinois Register* is the property of the State of Illinois, granted by the authority of the Illinois Administrative Procedure Act (Ill. Rev. Stat. 1989, ch. 127, pars. 1001 et seq., as amended).

REGISTER PUBLICATION SCHEDULE 1991

Material Rec'd after 4:30 p.m. on:	And before 4:30 p.m. on:	Will be in Issue #:	Published on:	Material Rec'd after 4:30 p.m. on:	And before 4:30 p.m. on:	Will be in Issue #:	Published on:
Dec. 18, 1990	Dec. 24, 1990	1	Jan. 4, 1991	June 25, 1991	July 2, 1991	28	July 12, 1991
Dec. 24, 1990	Dec. 31, 1990	2	Jan. 11, 1991	July 2, 1991	July 9, 1991	29	July 19, 1991
Dec. 31, 1990	Jan. 8, 1991	3	Jan. 18, 1991	July 9, 1991	July 16, 1991	30	July 26, 1991
Jan. 8, 1991	Jan. 15, 1991	4	Jan. 25, 1991	July 16, 1991	July 23, 1991	31	Aug. 2, 1991
Jan. 15, 1991	Jan. 22, 1991	5	Feb. 1, 1991	July 23, 1991	July 30, 1991	32	Aug. 9, 1991
Jan. 22, 1991	Jan. 29, 1991	6	Feb. 8, 1991	July 30, 1991	Aug. 6, 1991	33	Aug. 16, 1991
Jan. 29, 1991	Feb. 5, 1991	7	Feb. 15, 1991	Aug. 6, 1991	Aug. 13, 1991	34	Aug. 23, 1991
Feb. 5, 1991	Feb. 11, 1991	8	Feb. 22, 1991	Aug. 13, 1991	Aug. 20, 1991	35	Aug. 30, 1991
Feb. 11, 1991	Feb. 19, 1991	9	Mar. 1, 1991	Aug. 20, 1991	Aug. 27, 1991	36	Sept. 6, 1991
Feb. 19, 1991	Feb. 26, 1991	10	Mar. 8, 1991	Aug. 27, 1991	Sept. 3, 1991	37	Sept. 13, 1991
Feb. 26, 1991	Mar. 5, 1991	11	Mar. 15, 1991	Sept. 3, 1991	Sept. 10, 1991	38	Sept. 20, 1991
Mar. 5, 1991	Mar. 12, 1991	12	Mar. 22, 1991	Sept. 10, 1991	Sept. 17, 1991	39	Sept. 27, 1991
Mar. 12, 1991	Mar. 19, 1991	13	Mar. 29, 1991	Sept. 17, 1991	Sept. 24, 1991	40	Oct. 4, 1991
Mar. 19, 1991	Mar. 26, 1991	14	Apr. 5, 1991	Sept. 24, 1991	Oct. 1, 1991	41	Oct. 11, 1991
Mar. 26, 1991	Apr. 2, 1991	15	Apr. 12, 1991	Oct. 1, 1991	Oct. 8, 1991	42	Oct. 18, 1991
Apr. 2, 1991	Apr. 9, 1991	16	Apr. 19, 1991	Oct. 8, 1991	Oct. 15, 1991	43	Oct. 25, 1991
Apr. 9, 1991	Apr. 16, 1991	17	Apr. 26, 1991	Oct. 15, 1991	Oct. 22, 1991	44	Nov. 1, 1991
Apr. 16, 1991	Apr. 23, 1991	18	May 3, 1991	Oct. 22, 1991	Oct. 29, 1991	45	Nov. 8, 1991
Apr. 23, 1991	Apr. 30, 1991	19	May 10, 1991	Oct. 29, 1991	Nov. 5, 1991	46	Nov. 15, 1991
Apr. 30, 1991	May 7, 1991	20	May 17, 1991	Nov. 5, 1991	Nov. 12, 1991	47	Nov. 22, 1991
May 7, 1991	May 14, 1991	21	May 24, 1991	Nov. 12, 1991	Nov. 19, 1991	48	Dec. 2, 1991 (Mon.)
May 14, 1991	May 21, 1991	22	May 31, 1991	Nov. 19, 1991	Nov. 26, 1991	49	Dec. 6, 1991
May 21, 1991	May 28, 1991	23	June 7, 1991	Nov. 26, 1991	Dec. 3, 1991	50	Dec. 13, 1991
May 28, 1991	June 4, 1991	24	June 14, 1991	Dec. 3, 1991	Dec. 10, 1991	51	Dec. 20, 1991
June 4, 1991	June 11, 1991	25	June 21, 1991	Dec. 10, 1991	Dec. 17, 1991	52	Dec. 27, 1991
June 11, 1991	June 18, 1991	26	June 28, 1991	Dec. 17, 1991	Dec. 24, 1991	1	Jan. 3, 1992
June 18, 1991	June 25, 1991	27	July 5, 1991	Dec. 24, 1991	Dec. 31, 1991	2	Jan. 10, 1992

Please note: When the Register deadline falls on a State holiday, the deadline becomes 4:30 p.m. on Monday (the day before).

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of Part: Licensing Standards for Day Care Centers
- 2) Code Citation: 89 Ill. Adm. Code 407
- 3) Section Numbers: Proposed Action
406.29 Amend
- 4) Statutory Authority: The Child Care Act of 1969 (Ill. Rev. Stat. 1989, ch. 23, pars. 2211 et seq.)

5) A Complete Description of the Subjects and Issues Involved: These proposed amendments implement Public Act 87-0674 which requires immunizations for haemophilus influenzae B.

6) Will these proposed amendments replace an emergency rule currently in effect? No

7) Does this rulemaking contain an automatic repeal date: Yes ☐ No ☒
If "yes", date: _____

8) Do these proposed amendments contain incorporations by reference? No

9) Are there any other amendments pending on this Part? No

10) Statement of Statewide Policy Objectives: This rulemaking does not create or expand a state mandate as defined in Section 3(b) of the State Mandates Act (Ill. Rev. Stat. 1989, ch. 85, par. 2203).

11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking:

Comments on this proposed rulemaking may be submitted in writing for a period of 45 days following publication on this notice. Comments should be submitted to:

Jacqueline Nottingham, Chief
Office of Rules and Procedures
Department of Children and Family Services
406 East Monroe
Springfield, Illinois 62701-1498
217/524-2429

The Department will consider fully all written comments on this proposed rulemaking submitted during the 45-day comment period. Comments submitted by small businesses should be identified as such.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

12) Initial Regulatory Flexibility Analysis:

- A) Date rule was submitted to the Business Assistance Office of the Department of Commerce and Community Affairs: October 7, 1991
- B) Types of small businesses affected: Day Care Centers
- C) Reporting, bookkeeping or other procedures required for compliance: None.
- D) Types of professional skills necessary for compliance: None.

The full text of these proposed amendments begins on the next page:

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

TITLE 89: SOCIAL SERVICES
CHAPTER III: DEPARTMENT OF CHILDREN AND FAMILY SERVICES
SUBCHAPTER e: REQUIREMENTS FOR LICENSURE

PART 407
LICENSING STANDARDS FOR DAY CARE CENTERS

Section 407.1	Purpose
Section 407.2	Definitions
Section 407.3	Effective Date of Standards
Section 407.4	Application for License
Section 407.5	Application for Renewal of License
Section 407.6	Provisions Pertaining to the License
Section 407.7	Provisions Pertaining to Permits
Section 407.8	Organization and Administration
Section 407.9	Finances
Section 407.10	General Requirements for Personnel
Section 407.11	Child Care Director
Section 407.12	Child Care Workers and Group Workers
Section 407.13	Child Care Assistants
Section 407.14	Use of Students
Section 407.15	Service Staff
Section 407.16	Substitutes and Volunteers
Section 407.17	Background Inquiry
Section 407.18	Admission and Discharge Procedures
Section 407.19	Discipline
Section 407.20	Personal Care and Hygiene
Section 407.21	Program
Section 407.22	Equipment and Materials
Section 407.23	Grouping and Staffing
Section 407.24	Nutrition
Section 407.25	Night Care
Section 407.26	Children with Special Needs
Section 407.27	Infants and Toddlers
Section 407.28	School-Age Children
Section 407.29	Health Requirements for Children
Section 407.30	Transportation
Section 407.31	Plant and Equipment
Section 407.32	Records and Reports
Section 407.33	Confidentiality of Records and Information
Section 407.34	Records Retention
Section 407.35	Severability of This Part

Appendix A Meal Pattern Chart for Children 0 to 12 Months of Age

Appendix B Meal Pattern Chart for Children Over One Year of Age

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

Appendix C

Minimum Equipment and Supplies - Pre-School Programs

Appendix D

Minimum Equipment and Supplies - Infant and Toddler Programs

Appendix E

Licensed or Registered Professions

AUTHORITY: Implementing and authorized by The Child Care Act of 1969 (Ill. Rev. Stat. 1989, ch. 23, pars 2211 et. seq.).

SOURCE: Adopted and codified at 7 Ill. Reg. 9215, effective August 15, 1983; amended at 8 Ill. Reg. 8713, effective June 15, 1984; amended at 8 Ill. Reg. 24937, effective January 1, 1985; amended at 15 Ill. Reg. _____, effective _____.

Section 407.29 Health Requirements for Children

a) A medical report, on forms prescribed by the Department, shall be on file for each child and shall be dated no earlier than 6 months prior to enrollment.

1) The medical report shall be valid for two years, except that subsequent examinations for school-age children shall be in accordance with the requirements of the Illinois School Code (Ill. Rev. Stat. 1984; 1989, ch. 122, par. 27-8.1), provided copies of the exam are on file at the facility.

2) A tuberculin test shall be included in the initial exam only.

3) The report shall indicate that the child has been immunized as required by the Rules and Regulations of the Illinois Department of Public Health for immunizations. These required immunizations are poliomyelitis, measles, rubella, diphtheria, mumps, pertussis, and tetanus- and haemophilus influenzae B.

4) In accordance with the Child Care Act of 1969, as amended, a parent may request that immunizations, physical examinations, and/or medical treatment be waived on religious grounds. A request for such waiver shall be in writing, signed by the parent, and kept in the child's record.

5) Exceptions made for children who for medical reasons should not be subjected to immunizations or tuberculin test shall be so indicated by the physician on the child's medical form.

b) Necessary medications may be administered to a child at the facility provided that:

1) The facility shall maintain a record of the dates, hours, dosages, and the name of the person administering them;

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

- 2) Prescription medications shall be labeled with the child's name, directions for administering the medication, the date and the physician's name, the prescription number, and drug store or pharmacy;
- 3) The medications shall be administered as required by a physician subject to the receipt of appropriate releases from parents, and these shall be on file for each child for the administration of any and all prescribed medications;
- 4) Nonprescription medication may be administered upon written parental permission. Such medication shall be administered in accordance with package instructions, and, except for aspirin and aspirin substitute, shall be labeled with the child's name and dated.
- 5) Medications shall be kept in locked cabinets or containers which are in an area well-lighted and out of reach of children even if medications must be refrigerated.
- 6) The following additional procedures shall be followed for infants and toddlers:
 - A) A bulletin board or clipboard shall be placed in a visible position with the child's name, medication times, and prescription number listed on the board. Also listed shall be the name of the person administering the medication.
 - B) Each time the medication is given, the medication time shall be crossed off the board.
 - C) The same person on a shift shall be responsible for administering medication.

(Source: Amended at Ill. Reg. , effective .)

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of Part: Licensing Standards for Day Care Homes
- 2) Code Citation: 89 Ill. Adm. Code 406
- 3)

<u>Section Numbers:</u>	<u>Proposed Action</u>
406.2	Amend
406.4	Amend
406.5	Amend
406.6	Amend
406.7	Amend
406.8	Amend
406.9	Amend
406.10	Amend
406.11	Amend
406.13	Amend
406.14	Amend
406.22	Amend
406.24	Amend
- 4) Statutory Authority: The Child Care Act of 1969 (Ill. Rev. Stat. 1989, ch. 23, pars. 2211 et seq.) as amended by Public Act 87-0674, effective September 23, 1991.
- 5) A Complete Description of the Subjects and Issues Involved: These proposed amendments implement Public Act 87-0674 which allows a total of twelve children under the age of twelve in a day care home. Other requirements pertaining to safety, hygiene, space, and staff coverage, have been added or clarified to ensure the health, safety, and welfare of children in a day care home.
- 6) Will these proposed amendments replace an emergency rule currently in effect? Yes
- 7) Does this rulemaking contain an automatic repeal date: Yes ☒ No ☐
If "yes", date: _____
- 8) Do these proposed amendments contain incorporations by reference? No
- 9) Are there any other amendments pending on this Part? No
- 10) Statement of Statewide Policy Objectives: This rulemaking does not create or expand a state mandate as defined in Section 3(b) of the State Mandates Act (Ill. Rev. Stat. 1989, ch. 85, par. 2203).

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

- 11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking:

Comments on this proposed rulemaking may be submitted in writing for a period of 45 days following publication on this notice. Comments should be submitted to:

Jacqueline Nottingham, Chief
Office of Rules and Procedures
Department of Children and Family Services
406 East Monroe
Springfield, Illinois 62701-1498
217/524-2429

The Department will consider fully all written comments on this proposed rulemaking submitted during the 45-day comment period. Comments submitted by small businesses should be identified as such.

Nine public hearings have been scheduled on these proposed amendments. Testimony will be scheduled in the order of request and will be limited to a maximum of fifteen minutes per person. Persons who wish to testify are asked to bring one written copy of their comments. However, no one will be denied the opportunity to testify orally if their comments are not produced in writing. The public hearings are scheduled as follows and will be held at the same time as the public hearings for group day care homes.

Rockford
Friday, November 1, 1991
7:00 p.m. -- 10:00 p.m.
Sweden House
4605 East State, Rockford, Illinois
815/398-4130

Aurora
Saturday, November 2, 1991
10:00 a.m. -- 3:00 p.m.
North Island Center
8 East Galena Boulevard, Ballroom ABC, Aurora, Illinois
708/844-3310

Chicago
Thursday, November 7, 1991
7:00 p.m. -- 10:00 p.m.
Quality Inn
Madison A & B Ballroom, One South Halsted, Chicago, Illinois
312/829-5000

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

Chicago
Friday, November 8, 1991
7:00 p.m. -- 10:00 p.m.
Inn of Chicago
162 East Ohio, Chicago, Illinois
312/787-3100

Peoria
Thursday, November 14, 1991
7:00 p.m. -- 10:00 p.m.
Continental Regency
500 Hamilton, Peoria, Illinois
309/674-2500

Springfield
Friday, November 15, 1991
7:00 p.m. -- 10:00 p.m.
212 State House, Springfield, Illinois
217/782-3905

Danville
Saturday, November 16, 1991
10:00 a.m. -- 3:00 p.m.
Ramada Inn
Off I-74, Danville, Illinois
217/446-2400

Collinsville
Thursday, November 21, 1991
7:00 p.m. -- 10:00 p.m.
Holiday Inn
Exit 11 -- Highway 157
Off I-55/70
618/345-2800

Marion
Friday, November 22, 1991
7:00 p.m. -- 10:00 p.m.
Holiday Inn
Highway 57 & Rt. 13
618/997-2326

12) Initial Regulatory Flexibility Analysis:

- A) Date rule was submitted to the Business Assistance Office of the Department of Commerce and Community Affairs: October 7, 1991
- B) Types of small businesses affected: Day Care Homes

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

TITLE 89: SOCIAL SERVICES
CHAPTER III: DEPARTMENT OF CHILDREN AND FAMILY SERVICES
SUBCHAPTER a: REQUIREMENTS FOR LICENSURE

PART 406
LICENSING STANDARDS FOR DAY CARE HOMES

Section 406.1	Purpose
Section 406.2	Definitions
Section 406.3	Effective Date of Standards
Section 406.4	Application for License
Section 406.5	Application for Renewal of License
Section 406.6	Provisions Pertaining to the License
Section 406.7	Provisions Pertaining to Permits
Section 406.8	General Requirements for Day Care Homes
Section 406.9	Characteristics and Qualifications of the Day Care Family
Section 406.10	Qualifications for Assistants
Section 406.11	Substitutes
Section 406.12	Admission and Discharge Procedures
Section 406.13	Number and Ages of Children Served
Section 406.14	Health and Medical Care
Section 406.15	Discipline of Children
Section 406.16	Activity Requirements
Section 406.17	Nutrition and Meals
Section 406.18	Transportation of Children By Day Care Home
Section 406.19	Swimming
Section 406.20	Children with Special Needs
Section 406.21	School Age Children
Section 406.22	Infants-and-Toddlers Children Under 30 Months of Age
Section 406.23	Night Care
Section 406.24	Records and Reports
Section 406.25	Confidentiality of Records and Information
Section 406.26	Cooperation with the Department
Section 406.27	Severability of This Part
Appendix A	Meal Pattern Chart for Children 0 to 12 Months of Age
Appendix B	Meal Pattern Chart for Children Over One Year of Age

AUTHORITY: Implementing and authorized by The Child Care Act of 1969 (Ill. Rev. Stat. 1989, ch. 23, pars. 2211 et seq) as amended by P.A. 87-0674, effective September 23, 1991, Section 3 of the Abused and Neglected Child Reporting Act (Ill. Rev. Stat. 1989, ch. 23, par. 2053), and Sections 821 and 822 of "AN ACT to require the installation and maintenance of smoke detectors in certain facilities" (Ill. Rev. Stat. 1989, ch. 127½, pars. 821 and 822)

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

- C) Reporting, bookkeeping or other procedures required for compliance: Knowledge of basic safety and hygiene procedures are required for compliance with the proposed amendments. In addition, simple record keeping requirements to document compliance with specifications for hiring assistants and substitutes have been added.
- D) Types of professional skills necessary for compliance: Basic knowledge of child development, safety and hygiene and simple clerical skills are required for compliance.

The full text of these proposed amendments begins on the next page:

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

SOURCE: Adopted and codified at 7 Ill. Reg. 7855, effective July 1, 1983; amended at 8 Ill. Reg. 24951, effective January 1, 1985; amended at 9 Ill. Reg. 2454, effective March 1, 1985; emergency amendments at 15 Ill. Reg. , effective October 8, 1991 for a maximum of 150 days; amended at Ill. Reg. , effective

Section 406.2 Definitions

"Attendance" means the total number of children under the age of 12 present at any one time.

"Authorized representative of the Department" means the licensing representative or any person acting on behalf of the Director of the Department.

"Caregiver" means the individual directly responsible for child care.

"Child"-means-any-person-under-18-years-of-age

"Child care facility" means any person, group of persons, agency, association, or organization, which arranges for care or cares for children unrelated to the operator of the facility, apart from the parents in any facility as defined in the Act. Child care facilities may be established for profit or not-for-profit. "Child care facility" is further defined in paragraph 2.05 in The Child Care Act of 1969.

"Children with special needs" means children exhibit one or more of the following characteristics which is confirmed by clinical evaluation:

Visual impairment: the child's visual impairment is such that development to full potential without special services cannot be achieved.

Hearing impairment: the child's residual hearing is not sufficient to enable understanding the spoken word and to develop language, thus causing extreme deprivation in learning and communication, or a hearing loss is exhibited which prevents full awareness of environmental sounds and spoken language, limiting normal language acquisition and learning.

Physical or health impairment: the child exhibits a physical or health impairment which requires adaptation of the physical plant.

Speech and/or language impairment: the child exhibits deviations of speech and/or language processes which are outside the range of acceptable variation within a given environment and which prevent full social development.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

Learning disability: the child exhibits one or more deficits in the essential processes of perception, conceptualization, language, memory, attention, impulse control or motor function.

Behavioral disability: the child exhibits an effective disability and/or maladaptive behavior which significantly interferes with learning and/or social functioning.

Mental impairment: the child's intellectual development, mental capacity, and/or adaptive behavior are markedly delayed. Such mental impairment may be mild, moderate, severe or profound.

"Consultants" means those individuals providing technical assistance or advice regarding any aspect of the operation of the day care home.

"Day care homes" means family homes which receive more than 3 up to a maximum of 8 children for less than 24 hours per day. The maximum of 8 children includes the family's natural or adopted children and all other persons under the age of 12. The term does not include facilities which receive only children from a single household.

"Department" means the Illinois Department of Children and Family Services.

"Discipline" means the process of helping children to develop inner controls so that they can manage their own behavior in socially acceptable ways.

"Guardian" means the guardian of the person of a minor.

"Infant," as used in this Part, means a child between 6 weeks and 15 months of age.

"License" means a document issued by the Department of Children and Family Services which authorizes child care facilities to operate in accordance with applicable standards and the provisions of the Child Care Act of 1969.

"License study," as used in this Part, means the review of an application for license, on-site visit(s), interviews, and the collection and review of supporting documents to determine compliance with The Child Care Act of 1969 and the standards prescribed by this Part.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

"Licensed capacity" means the maximum number of day care children under age 14 12 permitted in the home at any one time. Children age 12 and over on the premises are not considered in determining license capacity.

"Licensing representative" for the purposes of this Part, means those Department staff or other persons authorized under Section 5 of The Child Care Act of 1969 to examine facilities for licensure.

"Parents," as used in this Part, means those person(s) assuming legal responsibility for care and protection of the child on a 24-hour basis; includes guardian or legal custodian.

"Permit," as used in this Part, means a one-time only document issued by the Department of Children and Family Services for a two-month period to allow the individual(s) to become eligible for a license.

"Person" means any individual, group of persons, agency, association, or organization.

"Physician" means a person licensed to practice medicine in the State of Illinois.

"Premises" means the location of the day care home wherein the family resides and includes the attached yard, garage, and any other out-buildings.

"Program" means all activities provided for the children during their hours of attendance in the home.

"Related" means any of the following relationships by blood, marriage, or adoption: parent, grandparent, great-grandparent, great-uncle, great-aunt, brother, sister, stepparent, stepbrother, stepsister, uncle, aunt, nephew, niece, or first cousin.

"School age" means children from 6 to 14 12 years of age.

"Special use areas" means areas of the home not used for child care on a daily basis. Special use areas include, but are not limited to, hazardous areas, any areas off-limits to children, bedrooms used only for napping, and bathrooms.

"Supervising agency," as used in this Part, means a licensed child welfare agency, a licensed day care agency, or the Department of Children and Family Services.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

"Toddler" means a child from 15 months to 2 years of age. The term may include children up to 30 months of age depending upon physical or social development.

(Source: Amended at 15 Ill. Reg. , effective)

Section 406.4 Application for License

- a) Application for license as a day care home shall be completed, signed by the day care home applicant(s), and filed with the Department of Children and Family Services by the supervising agency on forms prescribed by the Department.
- b) Applicant(s) shall provide the supervising agency the names, addresses and telephone numbers of at least three (3) adults not related to them who can attest to their character and suitability to provide child care.
- c) The supervising agency shall study each day care home under its supervision before recommending issuance of a license. The licensing study shall be conducted by a licensing representative and shall be reviewed and approved by his/her supervisor. Supervisory approval indicates recommendation for license or denial of a license and compliance or non-compliance with the standards prescribed by this Part. The study shall be in writing and shall be signed by the licensing representative performing the study and by his/her supervisor. The applicant shall receive a copy of the license study upon written request and payment of copying costs.

d) A new application shall be filed when any of the following occurs:

- 1) When an application for a license has been withdrawn, and the licensee or agency seeks to reapply; or
- 2) When there is a change in the name of the licensee, the address location of the day care home, or the supervising agency; or the area-in-the-home-used-for-children; or
- 3) When there is a change in the status of joint licensees, such as separation, divorce or death; or
- 4) When the Department has revoked or refused to renew and a new license is sought.
- e) Approval of the supervising agency is required to effect changes in the license capacity or the ages of children served in conformance with the requirements of Section 406.13.

(Source: Amended at 15 Ill. Reg. , effective)

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Section 406.5 Application for Renewal of License

- a) Application forms for license renewal shall be mailed to day care home licensees by the supervising agency three months prior to the expiration date of the license.
- b) The completed application shall be signed by the licensee(s) and submitted to the supervising agency no later than 30 days from the date mailed to licensee(s) to be considered timely and sufficient.
- c) When a licensed day care home seeks to change its name, address, location, or supervising agency, or the area-in-the-home-used-for children, a new application reflecting the change(s) must be completed, signed by the licensee(s) and submitted to the supervising agency thirty days prior to the effective date of the change(s) for the application to be considered timely and sufficient.
- d) When a licensee has made timely and sufficient application for renewal of a license or a new license with reference to any activity of a continuing nature and the Department fails to render a decision on the application for renewal of the license prior to the expiration date of the license, the existing license shall continue in full force and effect for up to thirty (30) days until the final Department decision has been made. Upon a showing of good cause by the licensee, supervising agency, or the Department, the Department shall further extend the period in which such decision must be made in individual cases for up to 30 days. "Good cause" includes but is not limited to shortages of staff or the absence of the licensee(s) from the day care home. Both the request for the second extension and the Department's decision on that request shall be in writing.
- e) Upon receipt of the application for license renewal, the supervising agency shall conduct a license study in order to determine that the day care home continues to meet licensing standards. The licensing study shall be in writing and shall be reviewed and signed by the licensing supervisor and the licensing representative performing the study. The licensee(s), shall receive a copy of the license study upon written request and payment of copying costs.

(Source: Amended at 15 Ill. Reg. , effective)

Section 406.6 Provisions Pertaining to the License

- a) A day care home license is valid for 2 years unless revoked by the Department or voluntarily surrendered by the licensee.
- b) The number of children under age 12 cared for in the day care home at any one time shall not exceed the license capacity.

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- c) The age limits specified on the license shall be observed.
 - d) Child care may be provided only in those areas specified on the license.
 - e) The license is valid only for the family residence of the licensee and shall not be transferred to another person.
 - f) The license shall not be valid for a name or an address location other than the name and address location on the license.
 - g) The license shall be prominently displayed in the home.
 - h) There shall be no fee or charge for the license.
- (Source: Amended at 15 Ill. Reg. , effective)

Section 406.7 Provisions Pertaining to Permits

- a) A permit shall not be issued until:
 - 1) The application for license has been completed and signed by the applicant(s) and submitted to the Department;
 - 2) Character references have been requested, and at least two favorable references have been received.
 - 3) A personal visit to the home by a licensing representative has been completed. The purpose of this visit is to determine compliance with all the licensing requirements except the requirements for remaining character references, medical examination reports, and well water tests compliance which may be complied with within the two month period covered by the permit. However, when well water tests are required, applicants must agree to boil all drinking and cooking water and to provide only bottled water for infants until the test results are received;
 - 4) A written plan has been submitted to the licensing representative which indicates that requirements for a license shall be met within the two month permit period.
- b) A permit shall not be issued retroactively.
- c) Permits shall not be transferred to another person, organization or supervising agency.
- d) Permits shall not be valid for a name or address location different from the name and address location shown on the issued permit.

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- e) Permits shall not be renewable.
- f) A current permit shall be available in the day care home at all times.
- g) A license shall be issued at any time within the two month period covered by the permit provided that the day care home achieves compliance with the Department's licensing standards.
- h) The day care home shall adhere to the provisions or restrictions specified on the permit.
- i) There shall be no fee or charge for the permit.

(Source: Amended at 15 Ill. Reg. , effective)

Section 406.8 General Requirements for Day Care Homes

- a) The physical facilities of the home, both indoors and outdoors, shall meet the following requirements for safety to children.

1) The home shall have a first aid kit consisting of band-aids, sterile gauze pads, adhesive tape, tweezers and mild soap.

2) The kitchen shall be equipped with a fire extinguisher:

- 2) Electrical outlets that are within reach of children shall have protective coverings. There shall be no exposed or uninsulated wiring.

3) The home shall be equipped with a minimum of one smoke detector on every floor level, including an attic and basement.

A smoke detector in operating condition shall be within fifteen (15) feet of rooms where child(ren) nap or sleep. The detector shall be installed on the ceiling and at least 6 inches from any wall, or on a wall located between 4 and 6 inches from the ceiling. Further, in any facility constructed after December 31, 1987, or which undergoes substantial remodeling of its structure or wiring system after that date, the smoke detector(s) shall be permanently wired into the structure's AC power line, and, if more than one detector is required to be installed, the detectors shall be wired so that the activation of one detector will activate all the detectors in the facility. (Section 2 of "AN ACT to require the installation and maintenance of smoke detectors in certain facilities") (Ill. Rev. Stat. 1989, ch. 127 1/2, par. 822). For

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purposes of this rule, "substantial remodeling" includes but is not limited to any addition which represents more than ten percent of the square footage of the day care home, replacement of interior walls or ceiling(s), or rewiring of the day care home.

- 4) Fixed space heaters, fireplaces, radiators, and other heating sources in areas occupied by children shall be separated by partitions or a sturdy barrier to prevent contact.

5) Facilities in which a wood-burning stove or fireplace has been installed or in which a portable space heater is being utilized, shall furnish a written statement from a building inspector, heating and ventilating contractor, local fire inspector or the Office of the State Fire Marshal, certifying its safety upon installation. In addition, the supervising agency shall require such a certification of safety for any heating installation, appliance or device it has reason to believe to be unsafe.

6) Where the basement area may be utilized for child care, at least one two exits shall be provided, at least one of which shall exit directly to the outside at grade level. An operable window may be considered one means of exit, if operable from the inside without the use of tools and large enough and accessible enough to accommodate an adult.

7) All walls and surfaces shall be free from chipped or peeling paint.

8) Walls of rooms that children use shall be maintained free of lead paint.

9) Furniture and equipment shall be kept in safe repair.

10) First-aid supplies, medication, cleaning materials, poisons, and other hazardous materials shall be stored in places inaccessible to children.

11) Tools and gardening equipment shall be stored in locked cabinets, if possible, or in places inaccessible to all children.

12) Ammunition and firearms located anywhere on the premises shall be locked at all times in a closet, cabinet, or other locked storage facility whenever children are present.

12) Handguns are prohibited on the premises of the day care home except in the possession of peace

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officers or other adults who must possess a handgun as a condition of employment and who reside in the day care home.

- 13) Any firearm, other than a handgun in the possession of a peace officer or other person as provided above, shall be kept in a disassembled state, without ammunition, in locked storage in a closet, cabinet, or other locked storage facility inaccessible to children. Ammunition for such firearm(s) shall be kept in locked storage separate from that of the disassembled firearm(s), inaccessible to children.

- 14) The operator of the home shall notify the parent(s) or guardian of any child accepted for care that firearm(s) and ammunition are stored on the premises. The operator shall also notify the parent(s) or guardian that such firearms and ammunition are locked in storage inaccessible to children. Such notification need not disclose the location where the firearms and ammunition are stored. (Section 7 of the Act).

- 15) 14) There shall be plans for immediate evacuation in case of emergency. Monthly fire drills shall be conducted for the purpose of removing children from the home as quickly as possible. Tornado drills shall be conducted monthly for the purpose of getting children accustomed to moving to a position of safety in the event of a tornado. Records shall be maintained of the dates and times required fire drills are conducted.

- 16) 15) Exit doors shall be kept clear of equipment and debris at all times.

- 17) In the event of a fire, the day care home shall be evacuated immediately and the children's safety insured before calling the fire department or attempting to combat the fire.

- 18) 16) There shall be an operable telephone available on the premises of the licensee.

- 19) 17) All in-ground or above-ground swimming pools located in areas accessible to children shall be fenced. The fence shall be at least 3½ feet in height and secured by a locked gate.

- 20) 18) Portable wading pools shall be emptied daily and cleaned with a germicidal solution before being air-dried.

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- b) The kitchen shall be clean, equipped for the preservation, storage, preparation and serving of food, and shall be reasonably safe from hazards.
- c) Garbage and refuse containers used to discard diapering supplies, food products or disposable meal service supplies in areas for child care shall be cleaned daily with a germicidal solution unless plastic liners are used and disposed of daily.
- d) A safe and sanitary water supply shall be maintained. If a private water supply is used instead of an approved public water supply, the applicant shall supply written records of current test results indicating the water supply is safe for drinking. New test results must be provided prior to relicensing. If nitrate content exceeds 10 parts per million, bottled water must be used for infants.
- e) Hot and cold running water shall be provided. There shall be a temperature control to maintain hot water accessible to child(ren) at a temperature of no more than 120 degrees Fahrenheit.
- f) Insect and rodent control shall be maintained.
- 1) All outside doors except those with operable self-closing devices, operable windows, and other openings used for ventilation shall be screened.
- 2) Chemicals for insect and rodent control shall not be applied in areas accessible to children when children are present.
- g) Healthy household pets which present no danger to children are permitted.
- 1) A licensed veterinarian shall certify that the animals are free of diseases that could endanger the children's health and that dogs and cats have been inoculated for rabies.
- 2) If certification is not available, animals shall be confined at all times in an area inaccessible to children.
- 3) There shall be careful supervision of children who are permitted to handle and care for the animals.
- 4) Immediate treatment shall be available to any child who is bitten or scratched by an animal.
- h) Indoor space shall consist of a clean, comfortable environment for children.
- 1) The day care home shall be well-ventilated, free from observable hazards, properly lighted and heated, and free of fire hazards.

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- 2) The dwelling shall be kept clean, sanitary, and in good repair.
- 3) There shall be provision for isolating a child who becomes ill or who is suspected of having a contagious disease.

- 4) When used for child care, basement floors shall have protective covering such as, but not limited to, tile, carpet, linoleum.

- i) When the license capacity of the home exceeds eight children, there shall be a minimum of 35 square feet of indoor floor space per child excluding special use areas. Floor space shall be unencumbered except by equipment used for child related activities. There shall be an additional 20 square feet of space for each child under 30 months of age who sleeps and plays in the same indoor area.

- j) There shall be safe outdoor space for active play.

- 1) Space shall be provided for play in yards, nearby parks or playgrounds.
- 2) Space shall be protected by physical means or by adult caregiver supervision against all hazards such as pools, traffic, and construction.
- 3) Play areas shall be well drained and safely maintained.
- 4) If public parks or playgrounds are used for play, the children shall be closely supervised by the caregiver during play and while traveling to and from the area.
- 5) Supervision shall be provided during outdoor play by caregivers who meet the requirements of Section 406.9 below.

- k) Operation of other business on the premises must not interfere with the care of children.

- l) A day care home may not house bedridden or chronically ill persons except by permission of the supervising agency. The supervising agency shall grant such permission unless the person has a contagious or communicable disease or requires care which adversely affects the ability of the caregiver to supervise children.

(Source: Amended at 15 Ill. Reg. , effective)

Section 406.9 Characteristics and Qualifications of the Day Care Family

- a) No individual shall be in contact with children cared for in a day care home who, within the preceding 10 years:

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- i) has been identified through circuit court (juvenile, criminal, civil) proceedings as having been a perpetrator of child abuse, child neglect, or child sexual abuse or through the Department's investigatory process in accordance with the Abused and Neglected Child Reporting Act (Ill. Rev. Stat. 1989, ch. 23, par. 205.1 et seq.) as having been a perpetrator of an indicated incident of child abuse, child neglect, or child sexual abuse; or

- 2) is awaiting an investigative decision or trial on such charges.

No individual may receive a license from the Department or be employed in a day care home licensed by the Department when the applicant or an adult member of the household has been determined to be a perpetrator of child abuse or neglect under Section 3 of the Abused and Neglected Child Reporting Act (Ill. Rev. Stat. 1989, pars. 2053) and who has been identified through circuit court (juvenile, criminal, civil) proceeding as having been a perpetrator of child abuse or neglect based on any one of the following:

- 1) Death
- 2) Brain damage or skull fracture
- 3) Subdural hematoma
- 4) Internal injuries
- 5) Wounds (Gunshot, knife, or puncture)
- 6) Torture
- 7) Sexually transmitted diseases
- 8) Sexual penetration
- 9) Sexual molestation
- 10) Sexual exploitation
- 11) Failure to thrive
- 12) Malnutrition
- 13) Medical neglect of disabled infant

- b) For the purposes of Section 406.9(a) (i) identification through circuit court proceedings includes:

- 1) specific findings by a court that a child's abuse, neglect or dependency is the result of physical abuse inflicted by a parent, guardian or legal custodian or other person responsible for the child's welfare (as defined by the Abused and Neglected Child Reporting Act, Ill. Rev. Stat. 1989, ch. 23, par. 2054).
- 2) criminal convictions and civil judgments regardless of the type of sentence imposed or amount of damages recovered for offenses relating to child abuse, child neglect or child sexual abuse resulting from jury trials, bench (court) trials or voluntary guilty pleas.

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c) Prior to denying an individual a license or employment pursuant to subsection (a) the Department shall notify by certified mail the individual that he or she has been identified as a perpetrator of child abuse or neglect as described in subsection (a) above, and the Department shall provide the individual an opportunity to demonstrate that he or she is other than the individual identified in the court finding, criminal conviction or civil judgement.

d) An individual requesting an opportunity for review pursuant to subsection (c) above shall submit such request, in writing, to the Department or the child care facility, as applicable, within ten (10) days of receipt of written notice of the Department's intent to deny a license or the Department's or child care facility's intent to deny employment. The individual shall be notified, in writing, of the date, time and location of the review. The individual may be represented by counsel of his or her choice, and may present evidence and/or witness(es) on his or her behalf. The individual shall be required to produce evidence that he or she is not the individual identified in the court finding, criminal conviction or civil judgement the Department has relied upon in making the identification. Evidence to be considered shall be limited to:

- 1) Fingerprints processed through the U.S. Justice Department and the Illinois Department of State Police indicating an absence of a conviction arising from child abuse or neglect identified in subsection (a) above; or
- 2) Sworn statements from the law enforcement agency or clerk of the court upon whom the Department has relied for the identification, that the subject of the report provided to the Department is not the individual seeking licensure or employment.

e) Except as provided in subsection (a) above, a person determined to be the perpetrator of an indicated incident of abuse or neglect under Section 3 of the Abused and Neglected Child Reporting Act shall not automatically be denied a license from the Department or be denied employment in a day care home licensed by the Department. Rather, the Department shall provide the individual an opportunity to present evidence which demonstrates fitness for licensure or employment. Such evidence shall include, but not be limited to:

- 1) the nature of the abuse or neglect with which the individual was identified, including whether the abuse or neglect resulted in serious injury or death to a child or children;
- 2) the circumstances surrounding the commission of the abuse or neglect, including the age of the perpetrator and the child(ren), that would demonstrate an unlikelihood of repetition;

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3) the period of time that has elapsed since the abuse or neglect occurred and whether prior incidents of child abuse or child neglect have been indicated against the individual;

4) whether the abuse or neglect involved a single or multiple child victims;

5) the relationship of the incident of child abuse or neglect to the individual's current or prospective responsibilities within the day care home;

6) evidence of rehabilitation such as employment, education, participation in therapy since the indicated incident(s) of abuse or neglect; and

7) character references.

f) e) Except as stated in Section 406.9(a) and Section 4.2 of the Child Care Act of 1969 (Ill. Rev. Stat. 1989, ch. 23, par. 2214.2) an individual convicted of a crime will not automatically be prohibited from contact with children cared for in a day care home solely because of the conviction. Instead, the supervising agency shall consider the following:

- 1) The type of crime for which the individual was convicted;
- 2) The number of crimes for which the individual was convicted;
- 3) The nature of the offense(s);
- 4) The age of the individual at the time of conviction;
- 5) The length of time that has elapsed since the last conviction;
- 6) The relationship of the crime and the capacity to care for children;
- 7) Evidence of rehabilitation; and
- 8) Opinions of community members concerning the individual in question.

g) d) Members of the household who have contact with the children in care shall treat them with respect, courtesy, and patience.

h) e) The caregiver is responsible for the day-to-day operation of the day care home in accordance with the standards prescribed in this Part.

i) f) The caregiver(s) in a day care home shall be at least 18 years of age.

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j) g) The caregivers and all members of the household shall provide medical evidence as required by Section 406.24 h) that they are free of communicable disease, and, in the case of caregivers, free of physical or mental conditions which could interfere with the child care responsibilities.

k) h) Through interaction with the licensing representative, children, parent(s) or guardian of children in care and operation of the day care home in accordance with standards prescribed by this Part, caregivers shall exhibit competence in the following specific areas:

- 1) Knowledge of basic hygiene, safety, and nutrition.
- 2) The ability to relate comfortably with parents and to communicate with them on differences in caregiving methods, values, and goals.
- 3) The ability to communicate with children.
- 4) The ability to set realistic controls for children and to enforce these without harshness or physical abuse.
- 5) Knowledge of the child's need to explore and manipulate and the willingness to provide and maintain a home where children can enjoy living and learning.

l) i) The caregiver(s) may not be employed outside the home during the hours that child care is being provided.

(Source: Amended at 15 Ill. Reg. , effective)

Section 406.10 Qualifications for Assistants

a) Assistants shall have passed the background check in Section 406.9(a).

b) a) The person assisting-the-caregiver Part-time assistants for after school care shall be at least 14 years of age and at least five years older than the oldest child supervised.

c) Full-time assistants shall be at least 18 years of age.

d) b) Assistants under age 18 shall work under the direct personal supervision of the caregiver at all times. Direct personal supervision means the caregiver maintains audible or visual contact with the assistant and children on the premises at all times.

e) An assistant eighteen years of age or older may accompany children playing outdoors and may transport children, if the assistant possesses a valid driver's license and insurance.

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f) e) The assistant shall be compatible with the caregiver, capable of following directions, and responsive to supervision.

g) d) The child care assistant shall be able to relate well with children.

(Source: Amended at 15 Ill. Reg. , effective)

Section 406.11 Substitutes

a) A substitute caregiver may be utilized in the home twice-a no more than 25 hours per month- and for a vacation period not to exceed two weeks in a twelve month period.

b) A substitute caregiver shall be at least 18 years of age.

c) A person who functions as a substitute caregiver on a regular or scheduled basis shall be qualified as a caregiver in accordance with Section 406.9.

d) The parent(s) of children in care and the supervising agency shall be notified of any substitution which occurs on a regular or scheduled basis or wherein the caregiver is absent from the home for more than 24 consecutive hours during which children are in care.

e) The caregiver shall have on file the names, addresses, and telephone numbers of additional adult(s) who would be available to assist in the home in an emergency.

f) The caregiver shall have a plan worked out and understood by the parents in case the caregiver is ill or absent from the home due to an emergency.

(Source: Amended at 15 Ill. Reg. , effective)

Section 406.13 Number and Ages of Children Served

a) The maximum of children permitted in a full-time day care home shall be 8 children under the age of 4; 12, including own children, related children and unrelated children.

b) A caregiver alone may care for up to 4 children under 5 years of age, and 4 over children 5 years of age and over. No more than 3 children shall be under 2 years of age.

c) An full time assistant is required for more than 4 children under 5 years of age. With one full-time assistant utilized, no more than 4 children shall be under 2 years of age.

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d) The following exception to subsection 406.13 (c) is permitted: 6 children, 3 through 5 years of age may be cared for with no assistant required. No more than 3 of the 6 shall be under 4 years of age. in-this-situation, the-additional-2-children-to-reach-maximum-capacity-shall-be-9-years-of-age-or-older.

e) In addition to the 8 children who may receive day care in accordance with the above requirements, a day care home may accept four additional children who are attending school full-time if a part-time, after school assistant is employed. Care for children who attend school full-time is limited to before and after school, holidays, weekends, and summers. The part-time assistant shall be present at all times when school children are present.

f) Caregivers licensed as of the effective date of these amendments who are in full compliance with the standards of this Part may request in writing an increase in license capacity to the maximum of 12 children. A decision regarding the increase in capacity shall be rendered within 90 days of receipt of the request. Decisions shall be made in accordance with the amended standards of this Part.

(Source: Amended at 15 Ill. Reg. , effective)

Section 406.14 Health and Medical Care

a) The caregiver shall conduct a daily, pre-admissions screening to determine if the child has obvious symptoms of illness. If symptoms of illness are present, the caregiver shall determine whether or not to provide care for the child, depending upon the apparent degree of illness, other children present, and facilities available to provide care for the ill child.

b) Necessary medications shall be administered according to specific instructions.

1) Prescription medicine labels must bear the child's name, the physician's name, the name of the drug store or pharmacy, prescription number, date of the prescription, and directions for administering.

2) Non-prescription medication may be administered upon written parental permission. Such medication shall be administered in accordance with package instructions, and, except for aspirin and aspirin substitutes, shall be labeled with the child's name and dated.

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3) There shall be a signed statement by the child's parent or guardian giving permission to the caregiver to administer medication to the child.

4) The caregiver shall maintain a record of the dates, hours and dosages which are given.

5) Medical services, such as direct medical care to the child, shall be administered as required by a physician, subject to the receipt of appropriate releases from parents.

c) Personal hygiene standards, such as the following, shall be observed:

1) Each child shall be provided with an individual towel, washcloth, and drinking cup. Single-use, disposable articles are acceptable.

2) A separate sleeping arrangement, such as a bed, cot, crib, or playpen with individual bedding shall be provided for each child. A twin size bed may be used; for 2 children under age 4, provided each child shall have individual sheets.

A) The bed shall be kept in a clean and sanitary condition at all times, and bedding shall be suitable for the season.

B) Family beds may be used for children if separate linens are used.

C) Rubber sheets shall be used when necessary.

3) The caregiver shall require parents to supply clothing suitable to weather conditions, as well as a complete change of clothing in case of need.

4) Caregivers and children shall wash and dry their hands before meals, and after toileting, and after contact with respiratory secretions.

5) Open cuts, sores or lesions on caregiver(s) or child(ren) shall be covered.

6) Caregiver(s) shall wash their hands prior to food preparation and after any physical contact with a child during food preparation. Hands shall be dried using single-use towels.

7) Sheets shall be changed when soiled and at least weekly.

8) Clothing soiled due to toilet accidents shall be changed immediately.

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d) Caregiver(s) shall take reasonable measures to reduce the spread of communicable disease among children in the facility by observing such procedures as:

- 1) Using only washable toys with diapered child(ren);
- 2) Washing washable toys used with diapered child(ren);
- 3) Cleaning facility-provided stuffed toys at least once per week;
- 4) Washing toys mouthed by one child before they are used by another child; and
- 5) Washing pacifiers and other items placed in the mouth if dropped to the floor or ground.

e) d) There shall be an emergency plan for each child in case of accident or sudden illness.

- 1) The caregiver shall have available at all times the name, address, and telephone number where the child's parents or guardian, relative, friend, or physician, and the Department can be reached.
- 2) There shall be a planned source of readily available emergency medical care; a hospital emergency medical room, clinic, or the child's physician.

3) When the caregiver accompanies a child to the source of emergency care, an adult who meets the standards prescribed by Section 406.11, must assume supervision of other children in the home.

4) In case of illness or accident, the parent, guardian, or supervising agency responsible for the child shall be notified immediately, and the child shall be removed from the home as soon as possible.

(Source: Amended at 15 Ill. Reg. , effective)
Section 406.22 Infants-and-Toddlers Children Under 30 Months of Age

a) A day care home receiving children within-the-infant/toddler-age range under 30 months of age shall comply with the standards prescribed for day care homes except when inconsistent with the special requirements in this Section.

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b) Children under 30 months of age shall not be left unattended at any time and shall not be permitted in bathrooms, kitchens, or other hazardous areas without the caregiver or assistant present.

c) b) Infants-and-toddlers Children under 30 months of age shall be provided a daily program that is designed to meet their needs.

- 1) The caregiver shall demonstrate warm, positive feelings toward each infant child through actions such as hugging, patting, smiling, and cuddling.
- 2) Routines such as naps and feedings shall be discussed with the parents and shall be consistent with the child's routine at home.
- 3) Infants who are awake shall be moved to different positions and shall be held, rocked, and carried about.
- 4) The caregiver shall frequently change the place, position, and toys available for infants who cannot move about the room.
- 5) Consistent toilet training shall be undertaken at a time mutually agreed upon by parent and caregiver in accordance with the child's age and/or stage of development.
- 6) Children shall be taken outdoors for a portion of every day, when weather permits, except when the child is ill or unless indicated otherwise by parent or physician.

d) e) Feeding schedules and procedures shall meet the developmental needs of the children.

- 1) Flexible feeding schedules of infants shall be established to coordinate with parents' schedules at home and to allow for nursing infants.
- 2) Infants who cannot yet turn over alone shall be placed on their abdomens after feeding unless contraindicated by a physician.
- 3) Infants up to 6 months of age shall be held while being bottle-fed. Infants of more than 6 months may be held, if needed. Bottles shall not be propped at any time. When infants are old enough to hold their own bottles, they may feed themselves without being held. The bottle must be removed when the child has fallen asleep.
- 4) Infants shall be allowed and encouraged to feed themselves when they indicate a readiness to do so.

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- 5) Safe finger foods such as those which dissolve in the mouth may be provided.

e) d) Proper standards of hygiene shall be observed in the home.

- 1) Hands shall be washed and dried before the feeding of each child.
- 2) If the child's formula is brought in by the parent, it shall be labeled and placed in the refrigerator.
- 3) All utensils shall be washed after each use.

4) if food is fed to infants from jars, the leftovers shall be labeled with the infant's name and refrigerated immediately. All opened food shall be used within 24 hours.

4) Foods stored or prepared in jars shall be served from a separate dish for each infant. Any leftovers from the serving dish shall be discarded. Leftovers in the jar shall be labeled with the infant's name, dated, refrigerated, and served within 24 hours or discarded.

5) A toilet shall be easily accessible so that the contents of diapers may be disposed of before placing the diapers in the diaper pail. Disposable diapers and their contents shall be disposed of in accordance with the manufacturer's instructions.

6) Persons changing diapers shall wash hands under running water with soap after each change of diaper. Hands shall be dried with single-use towels. Additionally, disposable latex, rubber or plastic gloves shall be worn when changing a child who has watery or bloody stools.

7) The child whose diapers are being changed is to be washed on the hands and anal area if there has been defecation or if irritation is present.

8) Individual sheets or towels shall be placed under the child when changing diapers.

8) Children who are not toilet trained shall be diapered in their own cribs, at a central diapering area on a surface that is sanitized after each use, or on a disposable paper sheet which is disposed of after each diapering.

9) The toilet seat, if soiled, or potty shall be cleaned after every use.

10) Soiled diapers shall be changed promptly.

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11) Sheets shall be changed when soiled, and all sheets shall be changed routinely two times per week.

12) All beds shall be wiped clean as often as necessary.

13) Toys and equipment shall be kept clean.

f) A germicidal solution of one (1) part household chlorine bleach to nine (9) parts water shall be used to clean surfaces soiled by blood or body fluids. The germicidal solution shall be made fresh daily.

g) e) The equipment must be appropriate to the developmental needs of the child in care.

1) Safe, sturdy, well-constructed individual cribs, playpens, or port-a-cribs for infants shall be equipped with good firm, fitting mattresses made of waterproof materials that can be washed. Washable cots may be used for toddlers- children 15 months of age and over.

2) Sleeping equipment for infants must have protection to prevent falls.

3) There shall be no more than one-and-one-half inches of space between the mattress and bed frame when the mattress is pushed flush at one corner of the crib.

4) Bed linens used on the cots, cribs, or playpens shall be safe, tightly fitting, and washable.

5) Conveniently located, washable, plastic-lined covered receptacles shall be provided for soiled diapers and linens.

6) A toilet seat or potty shall be provided.

b) f) The materials must be appropriate to the developmental needs of the child in care.

1) Provision shall be made for an adequate supply of individual diapers, clothing, powder, oil, etc.

2) Cribs shall be equipped with brightly colored hanging toys or mobiles.

3) There shall be a variety of toys and art materials for infants and toddlers children under 30 months of age to observe, grasp, pick up, and manipulate.

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- 4) Pull toys, pounding toys, large hollow blocks, or large balls shall be available for development of large muscles.

(Source: Amended at 15 Ill. Reg. , effective)

Section 406.24 Records and Reports

- a) Records as required shall be maintained on forms supplied by the Department.
- b) Information about the child and family shall be confidential as required by Section 406.25.
- c) There shall be a record of identifying information on each child received at the time the child is accepted into the home.
- d) A medical report for each child, on forms provided by the Department, shall be maintained at the facility, dated no earlier than 6 months prior to enrollment, and signed by the examining physician or certified by a recognized health facility.
 - 1) The medical report shall be valid for two years except that subsequent exams for school age children shall be in accordance with the Illinois School Code requirements, provided that copies of the exam are on file at the facility.
 - 2) A tuberculin test shall be included in the initial exam only.
 - 3) The reports shall indicate that the child has been immunized as required by Rules and Regulations of the Illinois Department of Public Health for immunizations. These required immunizations are poliomyelitis, measles, rubella, diphtheria, mumps, pertussis, and tetanus, and haemophilus influenzae B.
 - 4) The report shall include a statement on any physical limitations.
 - 5) Exceptions made for children who for medical reasons should not be subjected to immunizations or a tuberculin test shall be so indicated by the physician on the child's medical form.
- e) There shall be signed consent forms from the parent or guardian including:
 - 1) Permission for emergency medical care and treatment if the parent is not readily available.
 - 2) Permission to administer medication, if applicable.

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- 3) Permission for someone other than parent or guardian to pick up child if necessary.
- 4) Visits, trips or excursions off the premises.
- 5) Transportation provided by caregiver.
- 6) Permission to use the facility's swimming pool, if applicable.
- f) The caregiver shall distribute a summary of the licensing standards, provided by the Department, to the parent(s) or guardian of each child at the time that the child is accepted for care in the home. A summary of licensing standards shall be issued to the parent(s) or guardian of each child currently in care within sixty (60) days of the effective date of this rule. In addition, consumer information materials provided by the Department including, but not limited to, information on reporting and prevention of child abuse and neglect and preventing and reporting communicable disease, shall be distributed to the parent(s) or guardian of each child cared for when designated for such distribution by the Department. Each child's record shall contain a statement signed by the child's parent(s) or guardian, indicating that they have received a summary of licensing standards and other materials designated by the Department for such distribution.
- g) In accordance with the Child Care Act of 1969, as amended, a parent may request that immunizations, physical examinations, and/or medical treatment be waived on religious grounds. A request for such waiver shall be in writing, signed by the parent, and kept in the child's record.
- h) Members of the household, regular substitutes, and assistants shall have a complete physical examination. The medical reports shall be submitted on forms provided by the Department.
 - 1) The report shall be based on an examination which occurred no earlier than 6 months prior to application, with a tuberculin test to be included in the initial exam only. If the skin test is positive, a chest X-ray is required.
 - 2) Immunizations and the tuberculin test for an infant shall be given at the discretion of the physician.
 - 3) The caregivers and assistants shall be found free of communicable diseases and shall be physically and emotionally fit to care for young children.
- i) The medical report for caregivers, regular substitutes, and assistants shall be valid for 2 years.

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- j) Evidence of freedom from communicable disease or illness may be required at any time for members of the household, regular substitutes and assistants.
- k) Suspected child abuse and/or neglect shall be reported to the Department immediately.
- l) Each staff person shall sign a statement prescribed by the Department acknowledging his or her status as a mandated reporter of child abuse or neglect under the Abused and Neglected Child Reporting Act and acknowledging he or she has knowledge and understanding of the reporting requirements under that Act. Such statement shall be signed and dated by the staff person prior to employment, and shall be maintained by the licensee.
- m) The supervising agency shall be notified immediately by telephone, and in writing within one week, if either of the following situations involving children occurs at the facility:
- 1) Accident or injury resulting in death or requiring emergency medical care; or
 - 2) Notice is received of legal action against the facility.
- n) The facility shall promptly report any known or suspected case or carrier of communicable disease to the supervising agency and to local health authorities, and shall comply with the Illinois Department of Public Health's rules for the Control of Communicable Diseases (77 Ill. Adm. Code 690).
- o) The supervising agency shall be notified immediately by telephone and in writing within one week, of fires or other incidents resulting in structural damage to the day care home. A supervisory visit will be conducted by the supervising agency to determine the safety of the licensed premises in conformance with the other provisions of this Part.

(Source: Amended at 15 Ill. Reg. , effective)

ILLINOIS REGISTER

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- 1) Heading of Part: Licensing Standards for Group Day Care Homes
- 2) Code Citation: 89 Ill. Adm. Code 408
- 3) Section Numbers: Proposed Action
408.5 Amend
408.30 Amend
408.65 Amend
408.70 Amend
- 4) Statutory Authority: The Child Care Act of 1969 (Ill. Rev. Stat. 1989, ch. 23, pars. 2211 et seq.) and Public Act 87-0675, effective September 23, 1991.
- 5) A Complete Description of the Subjects and Issues Involved: These proposed amendments implement Public Act 87-0675 which allows a maximum of sixteen children under the age of twelve in a group day care home. Section 408.70 is also being amended to add haemophilus influenzae B to the list of required immunizations.
- 6) Will these proposed amendments replace an emergency rule currently in effect? Yes
- 7) Does this rulemaking contain an automatic repeal date: Yes ☒ No ☐
If "yes", date: _____
- 8) Do these proposed amendments contain incorporations by reference? No
- 9) Are there any other amendments pending on this Part? No
- 10) Statement of Statewide Policy Objectives: This rulemaking does not create or expand a state mandate as defined in Section 3(b) of the State Mandates Act (Ill. Rev. Stat. 1989, ch. 85, par. 2203).
- 11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking:

Comments on this proposed rulemaking may be submitted in writing for a period of 45 days following publication on this notice. Comments should be submitted to:

Jacqueline Nottingham, Chief
Office of Rules and Procedures
Department of Children and Family Services
406 East Monroe
Springfield, Illinois 62701-1498
217/524-2429

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The Department will consider fully all written comments on this proposed rulemaking submitted during the 45-day comment period. Comments submitted by small businesses should be identified as such.

Nine public hearings have been scheduled on these proposed amendments. Testimony will be scheduled in the order of request and will be limited to a maximum of fifteen minutes per person. Persons who wish to testify are asked to bring one written copy of their comments. However, no one will be denied the opportunity to testify orally if their comments are not produced in writing. The public hearings are scheduled as follows and will be held at the same time as public hearings for day care homes.

Rockford
Friday, November 1, 1991
7:00 p.m. -- 10:00 p.m.
Sweden House
4605 East State, Rockford, Illinois
815/398-4130

Aurora
Saturday, November 2, 1991
10:00 a.m. -- 3:00 p.m.
North Island Center
8 East Galena Boulevard, Ballroom ABC, Aurora, Illinois
708/844-3310

Chicago
Thursday, November 7, 1991
7:00 p.m. -- 10:00 p.m.
Quality Inn
Madison A & B Ballroom, One South Halsted, Chicago, Illinois
312/829-5000

Chicago
Friday, November 8, 1991
7:00 p.m. -- 10:00 p.m.
Inn of Chicago
162 East Ohio, Chicago, Illinois
312/787-3100

Peoria
Thursday, November 14, 1991
7:00 p.m. -- 10:00 p.m.
Continental Regency
500 Hamilton, Peoria, Illinois
309/674-2500

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Springfield
Friday, November 15, 1991
7:00 p.m. -- 10:00 p.m.
212 State House, Springfield, Illinois
217/782-3905

Danville
Saturday, November 16, 1991
10:00 a.m. -- 3:00 p.m.
Ramada Inn
Off I-74, Danville, Illinois
217/446-2400

Collinsville
Thursday, November 21, 1991
7:00 p.m. -- 10:00 p.m.
Holiday Inn
Exit 11 -- Highway 157
Off I-55/70
618/345-2800

Marion
Friday, November 22, 1991
7:00 p.m. -- 10:00 p.m.
Holiday Inn
Highway 57 & Rt. 13
618/997-2326

12) Initial Regulatory Flexibility Analysis:

- A) Date rule was submitted to the Business Assistance Office of the Department of Commerce and Community Affairs: October 7, 1991
- B) Types of small businesses affected: Group Day Care Homes
- C) Reporting, bookkeeping or other procedures required for compliance: None
- D) Types of professional skills necessary for compliance: None

The full text of the Proposed amendments begins on the next page:

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NOTICE OF PROPOSED AMENDMENTS

TITLE 89: SOCIAL SERVICES
CHAPTER III: DEPARTMENT OF CHILDREN AND FAMILY SERVICES
SUBCHAPTER e: REQUIREMENT FOR LICENSURE

PART 408

LICENSING STANDARDS FOR GROUP DAY CARE HOMES

Section 408.1	Purpose
Section 408.5	Definitions
Section 408.10	Application for License
Section 408.15	Application for Renewal of License
Section 408.20	Provisions Pertaining to the License
Section 408.25	Provisions Pertaining to Permits
Section 408.30	General Requirements for Group Day Care Homes
Section 408.35	General Requirements for Group Day Care Home Family Background Checks
Section 408.40	Background Checks
Section 408.45	Caregiver(s)
Section 408.50	Child Care Assistant(s)
Section 408.55	Substitute(s)
Section 408.60	Admission and Discharge Procedures
Section 408.65	Number and Ages of Children Served
Section 408.70	Health and Medical Care
Section 408.75	Discipline of Children
Section 408.80	Nutrition and Meals
Section 408.85	Program
Section 408.90	Transportation of Children
Section 408.95	Swimming
Section 408.100	Children with Special Needs
Section 408.105	Infants and Toddlers
Section 408.110	School Age Children
Section 408.115	Night Care
Section 408.120	Records and Reports
Section 408.125	Confidentiality of Records and Information
Section 408.130	Cooperation with the Department
Section 408.135	Severability of This Part
Appendix A	Meal Pattern Chart for 0 to 12 Months of Age
Appendix B	Meal Pattern Chart for Children Over One Year of Age
Appendix C	Minimum Equipment and Supplies - Preschool Programs
Appendix D	Minimum Equipment and Supplies - Infant and Toddler Programs

AUTHORITY: Implementing and authorized by The Child Care Act of 1969 (Ill. Rev. Stat. 1989, ch. 23, pars. 2211 et seq.) as amended by P.A. 87-0675, effective September 23, 1991, Section 3 of the Abused and Neglected Child Reporting Act (Ill. Rev. Stat. 1989, ch. 23, par. 2053), and Sections 821 and 822 of "AN ACT to require the installation and maintenance of smoke detectors in certain facilities" (Ill. Rev. Stat. 1989, ch. 127½, pars. 821 and 822).

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SOURCE: Adopted at 13 Ill. Reg. 14828, effective October 1, 1989; emergency amendments at 15 Ill. Reg. , effective October 8, 1991; amended at Ill. Reg. , effective

Section 408.5 Definitions

"Accredited" means accredited by the North Central Association of Schools and Colleges, its regional counterparts, or the National Accreditation Council.

"Approved smoke detector" or "detector" means a smoke detector of the ionization or photoelectric type which complies with all the requirements of the rules and regulations of the Office of the State Fire Marshal.

"Attendance" means the total number of children under the age of 12 present at any one time.

"Authorized representative of the Department" means the licensing representative or any person acting on behalf of the Director of the Department.

"Caregiver" means the individual directly responsible for child care.

"Child"-means-any-person-under-18-years-of-age-

"Child care facility" means any person, group of persons, agency, association, or organization, which arranges for care or cares for children unrelated to the operator of the facility, apart from the parents in any facility as defined in the Child Care Act of 1969.

Child care facilities may be established for profit or not-for-profit. "Child care facility" is further defined in Section 2.05 in The Child Care Act of 1969.

"Children with special needs" means child(ren) exhibit one or more of the following characteristics which is confirmed by clinical evaluation:

"Visual impairment": the child's visual impairment is such that development to his or her potential without special services cannot be achieved.

"Hearing impairment": the child's residual hearing is not sufficient to enable him or her to understand the spoken word and to develop language, thus causing extreme deprivation in learning and communication, or a hearing loss is exhibited which

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prevents full awareness of environmental sounds and spoken language, limiting normal language acquisition and learning.

"Physical or health impairment": the child exhibits a physical or health impairment which requires adaptation of the physical plant.

"Speech and/or language impairment": the child exhibits deviations of speech and/or language processes which are outside the range of acceptable variation within a given environment and which prevent full social development.

"Learning disability": the child exhibits one or more deficits in the essential processes of perception, conceptualization, language, memory, attention, impulse control or motor function.

"Behavioral disability": the child exhibits an effective disability and/or maladaptive behavior which significantly interferes with learning and/or social functioning.

"Mental impairment": the child's intellectual development, mental capacity, and/or adaptive behavior are markedly delayed. Such mental impairment may be mild, moderate, severe or profound.

"Department" means the Illinois Department of Children and Family Services.

"Discipline" means the process of helping child(ren) to develop inner controls so that they can manage their own behavior in socially acceptable ways.

"Group day care home" means a family home which receives more than 3 up to 16 children for less than 24 hours per day. The number counted includes the family's natural or adopted children and all other persons under the age of 12.

"Guardian" means the guardian of the person of a minor.

"Infant," as used in this Part, means a child between 6 weeks and 15 months of age.

"License" means a document issued by the Department of Children and Family Services which authorizes child care facilities to operate in accordance with applicable standards and the provisions of the Child Care Act of 1969.

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"License study," as used in this Part, means the review of an application for license, on-site visit(s), interviews, and the collection and review of supporting documents to determine compliance with The Child Care Act of 1969 and the standards prescribed by this Part.

"Licensed capacity" means the maximum number of day care children under age 12 permitted in the group day care home at any one time. Children age 12 and over on the premises are not considered in determining license capacity.

"Licensing representative" for the purposes of this Part, means those Department staff or other persons authorized under Section 5 of The Child Care Act of 1969 to examine facilities for licensure.

"Parent(s)," as used in this Part, means those person(s) assuming legal responsibility for care and protection of the child on a 24-hour basis; includes guardian or legal custodian.

"Permit," as used in this Part, means a one-time only document issued by the Department of Children and Family Services for a six-month period to allow the individual(s) to become eligible for a license.

"Physician" means a person licensed to practice medicine in the State of Illinois.

"Premises" means the location of the group day care home wherein the family resides and includes the attached yard, garage, and any other outbuildings.

"Program" means all activities provided for the child(ren) during their hours of attendance in the home.

"Related" means any of the following relationships by blood, marriage, or adoption: parent, grandparent, great-grandparent, great-uncle, great-aunt, brother, sister, stepparent, stepbrother, stepsister, uncle, aunt, nephew, niece, or first cousin.

"Resource personnel" means physicians, nurses, psychologists, social workers, speech therapists, physical and occupational therapists, educators and other technical and professional persons whose expertise is utilized in providing specialized services to child(ren) with special needs.

"School age" means child(ren) six (6) years of age or older.

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"Special use areas" means areas of the home not used for child care on a daily basis. Special use areas include, but are not limited to, hazardous areas, any areas off-limits to children, bedrooms used only for napping, and bathrooms.

"Swimming pool," for purposes of this Part, means any natural or artificial basin of water intended for public swimming or recreational bathing which exceeds two feet six inches (2'6") in depth. The term includes bathing beaches and pools at private residences when used for children enrolled in a child care facility.

"Toddler" means a child from 15 months to 2 years of age. The term may include child(ren) up to 30 months of age depending upon physical or social development.

"Wading pool," for purposes of this Part, means any natural or artificial basin of water less than two feet six inches (2'6") in depth which is intended for recreational bathing, water play or similar activity. The term includes recessed areas less than two feet six inches in depth in swimming pools which are designated primarily for children.

(Source: Amended at 15 Ill. Reg. , effective)

Section 408.30 General Requirements for Group Day Care Homes

a) The physical facilities of the home, both indoors and outdoors, shall meet the following requirements for safety to child(ren).

- 1) The home shall have a first aid kit consisting of band-aids, sterile gauze pads, adhesive tape, tweezers, **first-aid-cream** and mild soap.
- 2) ~~The kitchen shall be equipped with an operable fire extinguisher.~~
- 2) Electrical outlets that are within reach of child(ren) under five years of age shall have protective coverings. There shall be no exposed or uninsulated wiring.
- 3) The home shall be equipped with a minimum of one approved smoke detector on every floor level, including an attic and basement. A smoke detector in operating condition shall be within fifteen (15) feet of rooms where child(ren) nap or sleep. The detector shall be installed on the ceiling and at least 6 inches from any wall, or on a wall located between 4 and 6 inches from the ceiling. Further,
in any facility constructed after December 31, 1987, or which undergoes substantial remodeling

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of its structure or wiring system after that date, the smoke detector(s) shall be permanently wired into the structure's AC power line, and, if more than one detector is required to be installed, the detectors shall be wired so that the activation of one detector will activate all the detectors in the facility. (Section 2 of "AN ACT to require the installation and maintenance of smoke detectors in certain facilities") (Ill. Rev. Stat. 1987, ch. 127 1/2, par. 822). For purposes of this rule, "substantial remodeling" includes but is not limited to any addition which represents more than ten percent of the square footage of the group day care home, replacement of interior walls or ceiling(s), or rewiring of the group day care home.

- 4) Fixed space heaters, fireplaces, radiators, and other heating sources in areas occupied by children shall be separated by partitions or a sturdy barrier to prevent contact.
- 5) A facility in which a wood-burning stove or fireplace has been installed or in which a portable space heater is being utilized shall furnish a written statement from a building inspector, heating and ventilating contractor, local fire inspector or the Office of the State Fire Marshal, certifying its safety upon installation. In addition, the Department shall require such a certification of safety for any heating installation, appliance or device it has reason to believe to be unsafe.

- 6) In one and two-family dwellings, infants and toddlers shall be housed and cared for on the second floor or below. In other residential buildings, infants and toddlers shall be housed and cared for only in areas which the Office of the State Fire Marshal or local fire inspector states, in writing, that the combination of remote exits, fire detection, fire suppression, and/or automatic sprinkler system render the residence safe for the care of infants and toddlers.

- 7) No area accessible only by a ladder or folding stairs or through a trap door shall be used for sleeping or napping.

- 8) Where the basement area may be utilized for child care, at least two exits shall be provided, at least one of which shall exit directly to the outside at grade level. An easily accessible outside window operable from the inside (without the use of tools) and providing an unobstructed opening large enough to accommodate an adult may be used as a second exit. ~~of not less than 5-7 square feet in area, may be used as a second exit. exit provided-it-is-not-more-than-44-inches-above-the-floor-~~

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~~in-addition--the-opening-shall-be-at-least-20-inches-in-width; with-a-corresponding-height-to-give-5-7-square-feet--The opening-shall-be-at-least-24-inches-in-height-with-a-corresponding-width-to-give-5-7-square-feet.~~

- 9) ~~10)~~ All walls and surfaces shall be free from chipped or peeling paint.
- 10) ~~11)~~ Walls of rooms that children use shall be maintained free of lead paint.
- 11) ~~12)~~ Furniture and equipment shall be kept in safe repair.
- 12) ~~13)~~ First-aid supplies, medication, cleaning materials, poisons, and other hazardous materials shall be stored in places inaccessible to children.
- 13) ~~14)~~ Tools and gardening equipment shall be stored in locked cabinets, if possible, or in places inaccessible to all children.
- 14) ~~15)~~ Exit doors shall be kept clear of equipment and debris at all times.
- 15) ~~16)~~ There shall be an operable telephone available on the premises of the licensee.
- b) There shall be a minimum of 35 square feet of indoor floor space per child excluding special use areas. Floor space shall be unencumbered except by equipment required by this Part. There shall be an additional 25 20 square feet of space for each infant or toddler who sleeps and plays in the same indoor area.
- c) Indoor space shall consist of a clean, comfortable environment for children.
 - 1) The group day care home shall be well-ventilated, free from observable hazards, properly lighted and heated, and free of fire hazards.
 - 2) The dwelling shall be kept clean, sanitary, and in good repair.
 - 3) There shall be provision for isolating a child who becomes ill or who is suspected of having a communicable, infectious or contagious disease.

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- 4) When used for child care, basement floors shall have protective covering such as, but not limited to, tile, carpet, linoleum. Paint or sealer alone is not acceptable as a protective covering.
- 5) When infants and toddlers are in care, stairs leading to second levels, attics or basements shall be fitted with a sturdy gate or other barrier to prevent the child(ren)'s access to the stairs without adult supervision.
- d) The kitchen shall be clean, equipped for the preservation, storage, preparation and serving of food, and shall be reasonably safe from hazards.
- e) Garbage and refuse containers used to discard dispersing supplies, food products or disposable meal service supplies in areas for child care shall be cleaned daily with a germicidal solution unless plastic liners are used and disposed of daily.
- f) A safe and sanitary water supply shall be maintained. If a private water supply is used instead of an approved public water supply, the applicant shall supply written records of current test results indicating the water supply is safe for drinking. New test results must be provided prior to relicensing. If nitrate content exceeds 10 parts per million, bottled water must be used for infants.
- g) Hot and cold running water shall be provided. There shall be a temperature control to maintain hot water accessible to child(ren) at a temperature of no more than 120 degrees Fahrenheit.
- h) The group day care home shall provide one toilet for each ten (10) persons or portion thereof who are present during the hours the group day care home is in operation. These ten persons include caregiver(s), child care assistant(s), member(s) of the household and children other than infants and toddler(s) for whom a potty chair is provided.
- i) There shall be a minimum of 75 square feet of outdoor space per child for the total number of children using the area at any one time. At least 25% of the required space shall be on the premises of the group day care home. The remainder may be a public park, playground or other outdoor recreation area within walking distance (one thousand feet) of the group day care home provided the caregiver or an adult assistant accompanies child(ren) to this outdoor area.
- j) There shall be safe outdoor space for active play.

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- 1) Space shall be provided for play in yards, nearby parks or playgrounds under adult supervision.
- 2) Space shall be protected by physical means or by adult caregiver supervision against all hazards such as pools, traffic, and construction. Further, outdoor space shall be partitioned or supervised in such a manner that young child(ren) are not endangered by the activities of older child(ren).
- 3) Play areas shall be well drained and safely maintained.
- 4) In-ground or above-ground swimming pools located in areas accessible to children shall be fenced. The fence shall be at least 3 1/2 feet in height and secured by a locked gate.
- 5) Portable wading pools shall be emptied daily and cleaned with a germicidal solution before being air-dried.
- 6) If public parks or playgrounds are used for play, the child(ren) shall be closely supervised by the caregiver or adult assistant during play and while traveling to and from the area.
- 7) Supervision shall be provided during outdoor play by caregivers who meet the requirements of Section 408.45 below.
- k) A caregiver who relies upon outdoor space have shared with other residents in a multiple family dwelling shall a written agreement with the other resident(s) or the owner(s) of the outdoor area authorizing the use of the space by the group day care home and the children cared for.
- l) Insect and rodent control shall be maintained.
 - 1) All outside doors except those with operable self-closing devices, operable windows, and other openings used for ventilation shall be screened.
 - 2) Chemicals for insect and rodent control shall not be applied in areas accessible to children when children are present.
- m) Healthy household pets which present no danger to children are permitted.
 - 1) A licensed veterinarian shall certify that the animals are free of diseases that could endanger the child(ren)'s health and that dogs and cats have been inoculated for rabies.

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- 2) If certification is not available, animals shall be confined at all times in an area inaccessible to child(ren).
- 3) There shall be careful supervision of child(ren) who are permitted to handle and care for the animals.
- 4) Immediate treatment shall be available to any child who is bitten or scratched by an animal.
- n) The Department shall request that the Illinois Department of Public Health or a local health department authorized by it and/or the Office of the State Fire Marshal or the local fire department authorized by it inspect the group day care home and its premises whenever the Department has reason to believe that conditions in the home or its premises pose potential health or safety hazard(s) to child(ren) cared for in the home.
- o) There shall be plans for immediate evacuation in case of emergency. Fire drills shall be conducted monthly for the purpose of removing children from the home as quickly as possible. Tornado drills shall be conducted monthly for the purpose of getting children accustomed to moving to a position of safety in event of a tornado. Records shall be maintained of the dates and times required drills are conducted. The alphabetic card file required by subsection 408.120 (c) shall accompany the caregiver during the drills.
- p) In the event of a fire, the group day care home shall be evacuated immediately and the children's safety insured before calling the fire department or attempting to combat the fire.
- q) ~~Handguns are prohibited on the premises of the group day care home except in the possession of peace officers or other adults who must possess a handgun as a condition of employment and who reside in the group day care home.~~
- r) ~~Any firearm, other than a handgun in the possession of a peace officer or other person as provided above, shall be kept in a disassembled state, without ammunition, in locked storage in a closet, cabinet, or other locked storage facility inaccessible to children. Ammunition for such firearm(s) shall be kept in locked storage separate from that of the disassembled firearm(s), inaccessible to children.~~
- s) ~~The operator of the group home shall notify the parent(s) or guardian of any child accepted for care that firearm(s) and ammunition are stored on the premises. The operator shall also notify the~~

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parent(s) or guardian that such firearms and ammunition are in locked storage inaccessible to children. Such notification need not disclose the location where the fire arms and ammunition are stored. (Section 7 of the Act).

- t) s) A group day care home operator relying upon a cooperative or lending arrangement to meet the equipment requirements of this Part shall provide a copy of a written agreement specifying which equipment required by this Part is covered by the agreement. Further, the operator shall demonstrate to the satisfaction of the Department that the equipment covered by the agreement is both available and utilized by the group day care home as required by this Part.

- u) t) Operation of other business on the premises must not interfere with the care of children.

- v) u) A group day care home may not house bedridden or chronically ill persons except by permission of the Department. The Department shall grant such permission unless the person has a reportable contagious or communicable disease or requires care which adversely affects the ability of the caregiver to supervise child(ren).

(Source: Amended at 15 Ill. Reg. , effective)

Section 408.65 Number and Ages of Children Served

- a) The maximum number of children permitted who may receive full-time day care in a group day care home shall be 12 children under the age of 12, including own child(ren), related child(ren) and unrelated child(ren).
- b) Twelve (12) children between 3 and 6 years of age may be cared for by a caregiver and an assistant eighteen (18) years of age or older. The assistant must be present when more than six (6) such children are present.
- c) Except as provided by subsection (b) above, the number of children to be served in the group day care home at any one time (license capacity) when a caregiver and assistant are present shall be determined in accordance with the following:

- 1) No more than four (4) children under 15 months of age shall be cared for in a group day care home; and
- 2) No more than six (6) children under 30 months of age shall be cared for in a group day care home; and of which no more than four (4) children may be under 15 months of age;

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- 3) No more than ~~ten-(10)~~ twelve (12) children under six (6) years of age shall be cared for in a group day care home of which no more than six (6) children may be under 30 months of age and four (4) under 15 months of age;

- d) In addition to the 12 children who may receive day care in accordance with the above requirements, a group day care home may accept four additional children who are attending school full-time if an additional part-time, after school assistant is employed. Care for children who attend school full-time is limited to before and after school, holidays, weekends, and summers. The part-time assistant shall be present at all times when school children are present.

- d) A caregiver alone may care for up to twelve-(12)-children-six-(6) years-of-age-or-older-prior-to-and-after-school-attendances--At other-times-(including-holidays, vacations-and-weekends)-such children-shall-be-supervised-by-a-caregiver-and-an-assistant eighteen-(18)-years-of-age-or-older-when-ever-their-number-exceeds eight-(8);

- e) Except-as-provided-in-subsection-(d)-above; The number of children to be served in the group home at any one time that the caregiver is present alone shall be determined in accordance with the following:

- 1) No more than three (3) children under 30 months of age shall be cared for in a group day care home; and
- 2) No more than five (5) children under six (6) years of age shall be cared for in a group day care home; and of which no more than three (3) children may be under 30 months of age; and
- 3) No more than eight (8) children may be cared for in a group day care home when one or more of the children is/are under six (6) years of age. No more than five of the eight children may be under 6 years of age and no more than three children may be under 30 months of age.
- 4) School Age Provision: A caregiver alone may care for up to 12 children under age 12 who attend school full-time if all are ages 6 and over. An assistant must be present during holidays, vacations, weekends, and summers.

- f) In addition to the 8 children who may receive day care in accordance with the requirements in (e) above, a group day care home may accept four additional children who are attending school full-time if a part-time, after school assistant is employed. Care for children who attend school full-time is limited to before and after school, holidays, weekends, and summers. The part-time assistant shall be present at all times when school children are present.

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- g) Caregivers licensed as of the effective date of these amendments who are in full compliance with the standards of the Part may request in writing an increase in license capacity to the maximum. A decision regarding the increase in capacity shall be rendered within 90 days of receipt of the request. Decisions shall be made in accordance with the amended standards of this Part.

(Source: Amended at Ill. Reg. , effective)
Section 408.70 Health and Medical Care

- a) A medical report, on forms prescribed by the Department, shall be on file for each child and shall be dated no earlier than 6 months prior to enrollment.
- 1) The medical report shall be valid for two years, except that subsequent examinations for school-age children shall be in accordance with the requirements of the School Code (Ill. Rev. Stat. 1987, 1989, ch. 122, Article 27, par. 27-8.1), provided copies of the exam are on file at the facility.
 - 2) A tuberculin skin test shall be included in the initial exam only. The test shall be administered by the Mantoux method in accordance with the rules of the Illinois Department of Public Health.
 - 3) The report shall indicate that the child has been immunized as required by the rules of the Illinois Department of Public Health for immunizations. These required immunizations are poliomylitis, measles, rubella, diphtheria, mumps, pertussis, and tetanus- and haemophilus influenzae B.
 - 4) In accordance with the Child Care Act of 1969, as amended, a parent may request that immunizations, physical examinations, and/or medical treatment be waived on religious grounds. A request for such waiver shall be in writing, signed by the parent, and kept in the child's record.
 - 5) Exceptions made for children who for medical reasons should not be subjected to immunizations or tuberculin test shall be so indicated by the physician on the child's medical form.
 - b) A child suspected of having or diagnosed as having a reportable infectious, contagious, or communicable disease for which isolation is required by the Illinois Department of Public Health's General Procedures for the Control of Communicable Diseases (77 Ill. Adm. Code 690.1000) shall be excluded from the home until the Illinois

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Department of Public Health or local health department authorized by it, states in writing, that the communicable, contagious or infectious stage of the disease has passed and that the child may be re-admitted to the group day care home.

- c) Necessary medications shall be administered according to specific instructions.
- 1) Prescription medicine labels must bear the child's name, the physician's name, the name of the drug store or pharmacy, prescription number, date of the prescription, and directions for administering.
 - 2) Nonprescription medication provided by the parent(s) may be administered upon written parental permission which specifies the duration and frequency of medication. Such medication shall be administered in accordance with package instructions, and shall be labeled with the child's name and dated.
 - 3) There shall be a signed statement by the child's parent or guardian giving permission to the caregiver to administer medication to the child.
 - 4) The caregiver shall maintain a record of the dates, hours and dosages which are given.
 - 5) Medication shall be returned to the parent(s) when it is no longer required. Additionally, medication provided for a child no longer cared for in the facility and medication which has reached its expiration date shall be destroyed.
 - 6) Medical services, such as direct medical care to the child, shall be administered as required by a physician, subject to the receipt of appropriate releases from parent(s).
 - d) Personal hygiene standards, such as the following, shall be observed:
 - 1) Each child shall be provided with an individual towel, wash-cloth, and drinking cup. Single-use, disposable articles are acceptable.
 - 2) A separate sleeping arrangement, such as a bed, cot, crib, or playpen with individual bedding shall be provided for each child. A twin size bed may be used, for 2 children under age 4, provided each child shall have individual sheets.

- A) The bed shall be kept in a clean and sanitary condition at all times, and bedding shall be suitable for the season.

B) Family beds may be used for child(ren) if separate linens are used.

C) Rubber sheets shall be used when necessary.

3) The caregiver shall require parent(s) to supply clothing suitable to weather conditions, as well as a complete change of clothing in case of need.

4) Caregiver(s) and child(ren) shall wash and dry their hands before meals, after toileting, and after contact with respiratory secretions.

5) Open cuts, sores or lesions on caregiver(s) or child(ren) shall be covered.

6) Caregiver(s) shall wash their hands prior to food preparation and after any physical contact with a child during food preparation. Hands shall be dried using single-use towels.

7) Sheets shall be changed when soiled and at least weekly.

8) Clothing soiled due to toilet accidents shall be changed immediately.

e) In order to reduce the risk of infection or contagion to others, there must be space provided in the group day care home for the isolation and observation of a child who becomes ill. An ill child shall be provided a bed or cot away from other children and a caregiver or assistant shall supervise the child at all times he/she is in the home.

f) When a group day care home admits an ill or injured child(ren), a plan for the care of such child(ren) must be agreed upon with the parent(s) to assure that the needs of the child(ren) for rest, attention, personal care and administration of prescribed medication are met. No child requiring exclusion from the home in accordance with 77 Ill. Adm. Code 690 may be admitted.

g) Caregiver(s) shall take reasonable measures to reduce the spread of communicable disease among children in the facility by observing such procedures as:

1) Using only washable toys with diapered child(ren);

- 2) Washing washable toys at least once per day;
- 3) Cleaning facility-provided stuffed toys at least once per week;
- 4) Washing toys mouthed by one child before they are used by another child; and
- 5) Washing pacifiers and other items placed in the mouth if dropped to the floor or ground.
- h) There shall be an emergency plan for each child in case of accident or sudden illness.

1) The caregiver shall have available at all times the name, address, and telephone number where the child's parents or guardian, relative, friend, or physician, and the Department can be reached.

2) There shall be a planned source of readily available emergency medical care; a hospital emergency medical room, clinic, or the child's physician.

3) When the caregiver accompanies a child to the source of emergency care, an adult must assume supervision of other child(ren) in the home.

4) In case of illness or accident, the parent, guardian, or supervising agency responsible for the child shall be notified immediately.

(Source: Amended at Ill. Reg. , effective)

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- 1) HEADING OF THE PART: Boat Access Area Development Program
- 2) CODE CITATION: 17 Ill. Adm. Code 3035
- 3) SECTION NUMBERS:
 PROPOSED ACTION:
 Amendments
 Amendments
 Amendments
- 4) STATUTORY AUTHORITY: Implementing and authorized by Section 63a25 of the Civil Administrative Code (Ill. Rev. Stat. 1989, ch. 127, par. 63a25) and Section 1 The Boat Registration and Safety Act (Ill. Rev. Stat. 1989, ch. 95 1/2, par. 320-1).
- 5) A COMPLETE DESCRIPTION OF THE SUBJECTS AND ISSUES INVOLVED:
 The application submittal date is being changed from January 1 - March 1 of each year to July 1 - September 1 of each year.
- 6) WILL THIS PROPOSED RULE REPLACE AN EMERGENCY RULE CURRENTLY IN EFFECT? No
- 7) DOES THIS RULEMAKING CONTAIN AN AUTOMATIC REPEAL DATE? No
- 8) DO THESE PROPOSED AMENDMENTS CONTAIN INCORPORATIONS BY REFERENCE? No
- 9) ARE THERE ANY OTHER PROPOSED AMENDMENTS PENDING ON THIS PART? No
- 10) STATEMENT OF STATEWIDE POLICY OBJECTIVES: This rule has no impact on local governments.
- 11) TIME, PLACE AND MANNER IN WHICH INTERESTED PERSONS MAY COMMENT ON THIS PROPOSED RULEMAKING: Comments on the proposed rule may be submitted in writing for a period of 30 days following publication of this notice to:
 Jack Price
 Department of Conservation
 524 S. Second Street, Room 485
 Springfield, IL 62701-1787
- 12) INITIAL REGULATORY FLEXIBILITY ANALYSIS: This rule has no impact on small businesses or municipalities.

THE FULL TEXT OF THE PROPOSED AMENDMENTS BEGINS ON THE NEXT PAGE:

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TITLE 17: CONSERVATION
CHAPTER 1: DEPARTMENT OF CONSERVATION
SUBCHAPTER 9: GRANTS

PART 3035
BOAT ACCESS AREA DEVELOPMENT PROGRAM

Section	Program Objectives
3035.10	Eligibility Requirements
3035.20	Assistance Formula
3035.30	General Procedures for Grant Awards
3035.40	Applicable Facilities
3035.50	Selection Criteria
3035.60	Program Compliance Requirements
3035.70	Program Information Contact
3035.80	

AUTHORITY: Implementing and authorized by Section 63a25 of the Civil Administrative Code (Ill. Rev. Stat. 1989, ch. 127, par. 63a25) and Section 1 The Boat Registration and Safety Act (Ill. Rev. Stat. 1989, ch. 95 1/2, par. 320-1).

SOURCE: Adopted and codified at 7 Ill. Reg. 5858, effective April 27, 1983; amended at 9 Ill. Reg. 2910, effective February 26, 1985; amended at 11 Ill. Reg. 15896, effective September 21, 1987; amended at 15 Ill. Reg. 4117, effective March 4, 1991; amended at 15 Ill. _____, effective _____.

Section 3035.40 General Procedures for Grant Awards

- a) Grant applications for funding assistance under the program must be submitted to and received by the Department no later than ~~March~~ September 1 of each calendar year. Awarding of grants will be made under the authority and directive of the Director of the Department after the beginning of the fiscal year on July 1. The number of grants awarded is limited to the total amount of funds available for the program in the given fiscal year.
- b) The project application consists of the following components:
- 1) Completed application forms
 - 2) Location map
 - 3) Site plan

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- 4) Site Premise/Plat Map
- 5) Resolution of the governing body of the Local Agency authorizing submittal of an application for assistance from the Boat Access Area Construction Program.
- 6) Proof of land ownership or lease
- 7) Illinois Historic Preservation Agency sign-off regarding historical resource impact (Ill. Rev. Stat. 1989, ch. 127, par. 133c21 et seq.), Illinois Department of Agriculture sign-off regarding prime farmland impact (Ill. Rev. Stat. 1989, ch. 5, par. 1301 et seq.) and Department of Conservation sign-off regarding wetland impact (Ill. Rev. Stat. 1989, ch. 96 1/2, par. 9701 et seq.).

(Source: Amended at 15 Ill. Reg. _____, effective _____)

Section 3035.70 Program Compliance Requirements

- a) The land to be used in development of boat access areas must be owned in fee simple or leased by the Local Agency. The Local Agency must provide proof of ownership or lease before plans for the facility can proceed. The term of the lease is determined by the amount of the contract.
- b) For projects receiving assistance to acquire land for a boat access area, acquisition of the project property must be completed within nine (9) months following project approval, with the exception of those involving eminent domain. An independent appraisal must be completed by the sponsoring agency and certified by the Department to establish a fair market value for the project property. For land valued at over \$25,000, two appraisals are required. The appraisals must be full analytical narrative reports prepared by certified appraisers. Title to any property for which grant reimbursement is sought shall not be taken nor payment made for such property by the sponsoring agency before Department approval is received. Grant payment shall be limited to 50% reimbursement of the certified fair market value and in no case shall exceed actual cash payment for the property.

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- c) Land acquired with grant assistance must be subsequently developed as a public boat access area in general accordance with the approved project application proposal within three (3) years following the date title is secured for the property. Failure to improve the property for such use within the three (3) year time period shall result in the property being considered "converted" from its intended use necessitating remedial action, as specified in subsection (p) by the Local Agency.
- d) The Local Agency is required to enter into a Standard Agreement with the Department in an amount agreed upon by the Local Agency and the Department as that necessary to complete the Department's share of project costs. Any costs incurred in the development and construction of the facilities in excess of the specified amount shall be paid by the Local Agency.
- e) The Local Agency shall employ a competent engineering or architectural firm to develop necessary plans and specifications and to provide all other necessary services. Any engineering or architectural agreement or contract must be approved by the Department prior to its acceptance by the Local Agency. The Department shall approve the agreement or contract based upon the design fee, the construction cost, and the project complexity.
- f) If the Local Agency, by its unilateral action, terminates the project at any point short of its completion, the Local Agency shall be liable for all costs incurred and all monies forwarded to the Local Agency related to the project. The Local Agency shall agree to indemnify the Department and hold it harmless from any and all liability.
- g) The Local Agency shall present to the Department all plans, specifications, contracts or documents and cost estimates for all work to be done by a specified date. If this date cannot be met, it will be the responsibility of the Local Agency to show cause in writing to the Department. The plans and specifications shall contain the seal and signature of a registered Professional Engineer or Architect as the case may be. The Local Agency shall provide documentation to the Department that advertised bids were published. All work must be advertised for public letting through competitive bidding

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and all bidding tabulations shall be submitted to the Department for approval of the lowest qualified bid. The Department shall approve the Local Agency's recommendation of the lowest qualified bid provided it does not exceed the grant funding and it is within the engineer's estimate. The Local Agency shall thereafter certify their approval of the lowest qualified bid at their next regular meeting following approval by the Department. The Local Agency shall be responsible for completion of the project within the time period specified in the contract.

h) The Local Agency shall insert as an integral part of any contract with the approved bidder the following provisions:

- 1) That the Contractor shall abide by and comply with all applicable Local, State and Federal laws in connection with contracts involving public funds, the construction or development of public buildings, works or facilities.
- 2) That the Contractor shall furnish to the Local Agency and the Department performance bond(s) with surety or sureties, with penalty or loss clauses, relating to the construction of the proposed facilities and any losses or damages arising out of, or by virtue of said construction by the Contractor of the specified boat launching facilities, insuring, benefitting and protecting the Local Agency and the Department.
- 3) That the Contractor shall personally and individually, agree to furnish evidence of insurance, to indemnify, protect, defend at its own cost, and hold harmless the Local Agency and the Department from and against all losses, damages, injuries, costs, expenses or claims thereof to or by persons or property, arising out of, through, under or by virtue of the construction and development of the specified boat launching or access facilities.
- 4) That the Contractor shall furnish progress or pay estimate reports to the Local Agency and the Department at thirty (30) day intervals indicating:
 - A) Units of work completed, and

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- B) Percentage of work completed for thirty (30) day period and to date.

1) Upon the Department's receipt of each progress report or pay estimate submitted by the Local Agency which is within the scope of the contract, the Department shall issue payment.

2) The Local Agency shall agree to erect a permanent sign at the project entrance in accordance with specifications to be provided by the Department, said sign to constitute a part of the construction contract and to be worded as follows: display a Boat Access Area Development grant program sign provided by the Department at the project site for the period of time so indicated in Section 3035.70(q). The Local Agency may substitute a comparable sign of its own design if approved by the Department.

~~"Public boat launching facility provided through cooperation of the Illinois Department of Conservation"~~

k) The Local Agency will notify the Department prior to the beginning of any construction. A Department engineer will make inspections of the project as construction progresses and he will be available for assistance upon request. A final inspection of the completed project must be made by the Chief Engineer of the Department or his authorized representative prior to final payment by the Local Agency.

l) The Local Agency shall indemnify, protect, defend and hold harmless the Department from any and all liability, costs, damages, expenses, or claims thereof arising under, through or by virtue of the construction, operation and maintenance of the proposed boat launching and access facilities.

m) The Local Agency shall be responsible for and obtain all necessary Permits, Licenses or Forms of Consent, as the case may be, from, but not limited to the following agencies:

- 1) U.S. Corps of Engineers.
- 2) (State) Department of Transportation (Division of Water Resources or Highways).

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- 3) Environmental Protection Agency.
- 4) Illinois Historic Preservation Agency.
- 4+5) Local Building or Zoning Agencies, or Boards, where applicable.
- n) The Local Agency agrees to comply with the Recreational Area Licensing Act (Ill. Rev. Stat. 1989, ch. 111 1/2, par. 761 et. seq.), the Environmental Barriers Act (Ill. Rev. Stat. 1989, ch. 111 1/2, par. 3713(r)), and Section 11(b) of the Illinois Endangered Species Protection Act (Ill. Rev. Stat. 1989, ch. 8, par. 341(b)).
- o) The Local Agency shall agree to abide by the following Operation and Maintenance provisions:

1) General.

- A) The boat launching and access facilities shall be continuously operated and maintained by the Local Agency at no cost to the Department and shall be operated and utilized in such a manner as to maximize the intended benefits to and for the general public.
- B) All land and water areas which are open to the public shall be available for use and enjoyment by the public without regard to race, color, sex, national origin, age or disability. No lessee or licensee of an area under a concessionaire providing a service to the public, including facilities and accommodations, shall discriminate against any person or persons because of race, color, sex, national origin, age or disability in the conduct of its operation under the lease, license or concession agreement.
- C) No improvements, alterations or modifications of these facilities shall be permitted except with the prior approval in writing by the Department. Approval will be given by the Department if the improvements, alterations or modifications comply with the criteria in Section 3035.50.

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- D) The Department shall have access to all facilities at all times.
- E) An official from the Department shall inspect the facilities prior to June 1st of each year to insure all deficiencies reflected in the inspection report have been corrected by the Local Agency.
- F) Boats with gasoline or diesel motors shall not be prohibited from using any facility funded through Marine Motor Fuel Tax Funds to launch and recover.
- 2) User Fees.
 - A) The Department discourages the charging of user fees; however, the Local Agency may, by formal resolution of the governing unit, charge minimal fees to offset operation and maintenance, security, and public health and safety costs.
 - B) In the case of locally owned water impoundments the incurred costs to be offset may also include navigational aids, rescue aids, water patrol and other related costs which are absolutely necessary.
 - C) No other costs will be allowed in calculating the minimal fee. Any discretionary fee for special services which is not a part of the project funded from Marine Motor Fuel Tax Revenue, such as boat slips, moorings or other services that cannot be used by all boaters, shall be levied separately.
 - D) The setting, administering and justifying of the fees to the general public is primarily the responsibility of the Local Agency. The Department reserves the right to ensure that any fee is within the scope of the contract.
 - E) The Local Agency shall maintain accounting records to explain receipt and disposition of all fees related to the launching facility and the Department may request or audit such records at anytime to ensure the revenue

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received from the fees is being used to operate and maintain the facility.

- F) If fees are determined necessary by the Local Agency, the charging of reasonable daily fees as well as seasonal use fees shall be provided to assure that the occasional user is afforded access to the waters served by the facility. In the event the boat access facility is within the boundaries of a public park or recreational area, no annual fee shall be required non-park district residents using only the boat launching facility constructed or improved with the aid of this grant. However, a daily fee may be required by the Local Agency provided it does not exceed the annual park district fee for residents, computed on a daily basis.

- G) Prior to charging of user fees, the Local Agency is required to give public notice of said fees at least 30 days in advance of the effective date of such fees and provide a copy of the proposed fee schedule and the public notice to the Department prior to implementation.

- H) The method of collecting fees shall be established by the Local Agency. However, the general public shall not be restricted from use of the facility upon arrival if an authorized representative of the Local Agency is not present to receive the required fee.

- I) An information sign which lists rules and regulations regarding fees shall be posted in a conspicuous place which is near a boat ramp or launching site.

3) Routine.

The operation and maintenance of the facility is the responsibility of the local agency.

- P) Properties acquired or developed with grant assistance hereunder must not be converted to a use which would deny public boat access and use of Illinois' surface waters per terms of this Part without prior Department of Conservation approval. Approval for conversion of

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property acquired per terms of this Part shall only be granted upon the following:

- 1) the local agency providing replacement property of at least equal fair market value and comparable recreational usefulness, quality and general location; or
- 2) the repayment of funds to the State of Illinois equal to the actual amount of grant funds disbursed hereunder or 50% of the property's certified fair market value at the time of conversion, whichever is greater.

- q) For projects receiving development/construction grant assistance only, terms of the grant program agreement between the Local Agency and the Department shall no longer apply after the time period established below relating to the total amount of grant funds received to aid the facility.

Total Grant Amount

Time Period After Signing of Grant	Time Period After Receipt of Final Grant Payment
0-\$25,000	7 years
\$25,000 - \$100,000	12 years
\$100,000 - \$250,000	17 years
over \$250,000	25 years

- r) Leasing or assignment of a Department funded facility is prohibited without prior notification to the Department.

- s) The Local Agency shall agree that in the event of its breach or non-compliance with any of the terms of the agreement between the Local Agency and the Department that ten (10) days following receipt of a written notice from the Department of the existence of said breach or non-compliance, if said condition is not corrected within this ten (10) day period, that the Department shall thereafter have full right and authority to take such action as it deems necessary whether by way of injunction or otherwise to enforce the provisions of the agreement to prevent the continued breach or violation thereof by the Local Agency. It is further agreed by the Local Agency, that in the event it is adjudicated by any court that its activities are deemed to be a breach or

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violation of the agreement, as a part of the relief awarded to the Department, that the Local Agency will reimburse the Department for the legal fees and all costs incurred by the Department in the pursuit of its rights under this paragraph. For purposes of this paragraph, "legal fees" shall be deemed to be the entire sum presented for payment by any attorney or law firm to the Department relating to the claim of the Department alleging the Local Agency's breach or violation, said sum being approved for payment by the Attorney General's office of the State of Illinois. For purposes of this paragraph, "costs" shall be deemed to be all those expenses, including court costs, reasonably incurred by the Department. In the event of breach of the agreement, the Department reserves the right to demand return of any state funds awarded under the agreement.

- t) The Local Agency shall agree that the Department reserves the right to audit records relative to the agreement.

(Source: Amended at 15 Ill. Reg. _____, effective _____)

Section 3035.80 Program Information Contact

Write: Illinois Department of Conservation
Division of Technical Services
524 South Second St.
Lincoln Tower Plaza
Springfield, Ill. 6270662701-1787

Telephone: 217-782-7481

(Source: Amended at 15 Ill. Reg. _____, effective _____)

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- 1) HEADING OF THE PART: Illinois Snowmobile Grant Program
- 2) CODE CITATION: 17 Ill. Adm. Code 3010
- 3) SECTION NUMBERS:
3010.40 Amendments
3010.50 Amendments
3010.70 Amendments
3010.80 Amendments
PROPOSED ACTION:
- 4) STATUTORY AUTHORITY: Implementing and authorized by Sections 8-1 and 9-1 of the Snowmobile Registration and Safety Act (Ill. Rev. Stat. 1989, ch. 95 1/2, pars. 608-1 and 609-1).
- 5) A COMPLETE DESCRIPTION OF THE SUBJECTS AND ISSUES INVOLVED:
The application submittal date is being changed, compliance requirements regarding "bid rigging and bribery" are being added, and changes have been made to clarify language.
- 6) WILL THIS PROPOSED RULE REPLACE AN EMERGENCY RULE CURRENTLY IN EFFECT? No
- 7) DOES THIS RULEMAKING CONTAIN AN AUTOMATIC REPEAL DATE? No
- 8) DO THESE PROPOSED AMENDMENTS CONTAIN INCORPORATIONS BY REFERENCE? No
- 9) ARE THERE ANY OTHER PROPOSED AMENDMENTS PENDING ON THIS PART? No
- 10) STATEMENT OF STATEWIDE POLICY OBJECTIVES: This rule has no impact on local governments.
- 11) TIME, PLACE AND MANNER IN WHICH INTERESTED PERSONS MAY COMMENT ON THIS PROPOSED RULEMAKING: Comments on the proposed rule may be submitted in writing for a period of 30 days following publication of this notice to:

Jack Price
Department of Conservation
524 S. Second Street, Room 485
Springfield, IL 62701-1787
- 12) INITIAL REGULATORY FLEXIBILITY ANALYSIS: This rule has no impact on small businesses or municipalities.

THE FULL TEXT OF THE PROPOSED AMENDMENTS BEGINS ON THE NEXT PAGE:

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TITLE 17: CONSERVATION
CHAPTER 1: DEPARTMENT OF CONSERVATION
SUBCHAPTER 9: GRANTS

1) Acquisition Project

A) completed application forms;

B) parcel tabulation which lists an identification number, acreage size, estimated purchase price, and any existing property improvements for each parcel to be acquired;

C) project narrative statement describing the project concept, location, need for and objectives of the project, anticipated benefits and method of financing or accomplishing the project;

D) commitment for Title Insurance;

E) project location map;

F) future site development plan;

G) environmental assessment statement;

H) Minutes and written comments received from required Public Hearing (Section 3010.70 (d));

I) project appraiser qualification statement; and

J) Letters of project support from local snowmobile clubs.

2) Development Project

A) completed application forms;

B) itemized development cost estimates for each project component;

C) project narrative statement (same as above);

D) copy of deed, lease or easement for property to be developed;

E) project location map;

F) site development plan;

PART 3010

ILLINOIS SNOWMOBILE GRANT PROGRAM

Section

3010.10 Program Objectives

3010.20 Eligibility Requirements

3010.30 Assistance Formula

3010.40 General Procedures for Grant Applications and Awards

3010.50 Eligible Project Costs

3010.60 Project Evaluation Priorities

3010.70 Project Compliance Requirements

3010.80 Program Information Contact

AUTHORITY: Implementing and authorized by Sections 8-1 and 9-1 of the Snowmobile Registration and Safety Act (Ill. Rev. Stat. 1989, ch. 95 1/2, pars. 608-1 and 609-1).

SOURCE: Adopted and codified at 5 Ill. Reg. 13440, effective November 20, 1981, amended at 7 Ill. Reg. 14953, effective November 1, 1983; amended at 15 Ill. Reg. _____, effective _____.

Section 3010.40 General Procedures for Grant Applications and Awards

a) Grant applications for funding assistance under the program must be submitted to the Department no later than ~~July 31~~ March 1, of each calendar year. Necessary application forms and instructions are available through the Department. Awarding of grants will be made under the authority and directive of the Director of the Department of Conservation ~~no later than October 15, of each calendar year~~. The number of grants awarded each calendar year is limited to the total amount of funds available for the program in the given fiscal year.

b) Only project costs incurred by the local project sponsors after Department of Conservation grant approval are eligible for funding assistance. Any costs incurred prior to Department approval are ineligible for snowmobile grant assistance.

~~b)c)~~ Project grant applications shall consist of the following basic components:

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- G) environmental assessment statement;
- H) Minutes and written comments received from required Public Hearing (Section 3010.70 (d));
- I) necessary state/local construction permits, if applicable;
- J) name of project engineer/architect; and
- K) Letters of project support from local snowmobile clubs.

e)d) A project application packet may be obtained from the Division of ~~Grant Administration/Technical Services~~, Illinois Department of Conservation. (See Section 3010.80.)

(Source: Amended at 15 Ill. Reg. _____, effective _____).

Section 3010.50 Eligible Project Costs

- a) Grant assistance may be obtained for, but not limited to, the following items:
 - 1) land acquisition (fee simple, lease, easement)* for snowmobile trails and areas;
 - 2) snowmobile trail development;
 - 3) trail grooming equipment;
 - 4) parking areas, access roads, warming shelters, signs, safety lighting and other snowmobiling support facilities;
 - 5) snowmobiles and communication equipment (for local agency patrol use);
 - 6) first-aid facilities; and
 - 7) concession facilities.

* ~~For acquisition of less than fee simple title, such as a lease or easement agreement, the agreement must cover a minimum time period of 25 years. The Department will consider, on a case-by-case basis,~~

~~lease/easement arrangements for shorter periods when State statute prohibits a unit of local government from entering into such a long-term agreement, or other circumstances beyond the control of the local unit of government prohibit such arrangements.~~

- b) No grant awards shall be awarded for the acquisition or development of land which is not available for public snowmobiling use.

(Source: Amended at 15 Ill. Reg. _____, effective _____).

Section 3010.70 Program Compliance Requirements

- a) Any property acquired or developed through assistance from the Illinois Snowmobile Grant Program must be open to the general public for snowmobile use during periods of specified snow conditions as agreed upon by the Department and local sponsoring agency. Property acquired or developed with program assistance may not be converted from snowmobile use without prior Department approval. Approval for property conversion will only be granted upon the project sponsor substituting replacement property equal in fair market value and comparable in snowmobiling usefulness, quality and location.
- b) The local sponsoring agency must certify in a written affidavit that it possesses the funding capability to initially finance the total amount of project costs.
- c) The local sponsoring agency must certify in a written affidavit and supply supporting documentation that adequate snow cover (a minimum of 4 inches) is, in fact, a normal climatic condition for the project area for a minimum of 14 days from November 1 through March 31.
- d) For all projects, except those projects which involve only equipment purchase, the local project sponsor must hold a public hearing to discuss the project and provide the Department with a synopsis of the hearing, as well as any written comments received at the hearing. The meeting must be advertised in at least one local newspaper one to two weeks prior to the meeting.
- e) For projects requesting development assistance, the sponsoring agency must have either fee simple title to

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the land being developed or ~~at least a twenty (20) years~~
perpetual lease or easement arrangement.

- f) For projects receiving acquisition assistance, an appraisal must be completed by the sponsoring agency and certified by the Department. The appraisal must be completed to Departmental specifications. Title to any property for which grant reimbursement is sought can not be taken by the sponsoring agency before Departmental approval is received.
- g) For projects receiving development assistance, the sponsoring agency must present to the Department, for review, all working plans, specifications, contract documents and cost estimates prior to commencing work. The format for any advertisement or prospectus soliciting and inviting bids, indicating dates of same, must also be presented to the Department for review prior to publication. The Department will notify the project sponsor if the proposed project requires approval from a registered structural engineer.
- h) The local sponsoring agency is required to enter into a standard State contract agreement with the Department for an amount agreed upon as necessary to complete the approved project and which specifies the related grant reimbursement amount.
- i) Upon project completion, the project sponsor must submit a certified project expenditure statement listing all funds expended on the project for which grant reimbursement is sought as well as required billing documentation.

1) ACQUISITION PROJECT: copy of the signed Statement of Just Compensation/Offer to Purchase Form, Warranty Deed (Judgement Order in case of condemnation) for property, copy of cancelled check showing proof of payment to seller, and completed Billing Form which itemizes project costs and contains a certification statement verifying project expenditures.

2) DEVELOPMENT PROJECTS: Copy of As-Built drawings, copy of receipts/invoices for project costs, copy of cancelled checks showing proof of payment, and completed Billing Form which itemizes project costs and contains a certification statement verifying

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project expenditures.

- j) Financial records on approved projects must be maintained and retained by the project sponsor for possible State audit for a period of three years after final reimbursement payment is made by the Department.
- k) The sponsoring agency must permanently post a Snowmobile Grant program acknowledgement sign at the project site where grant assistance is involved. The required sign or specifications for its construction will be furnished by the Department.
- l) The sponsoring agency shall insert as an integral part of any contract with the approved project bidder the following provisions:
 - 1) That the contractor must abide by and comply with all applicable local and State laws relating to fair employment practices and prohibiting discrimination in employment contracts involving public funds, the construction or development of public buildings, works or facilities.
 - 2) That the contractor must comply with and be bound by any applicable local and State laws in any manner pertaining or relating to wages and claims of laborers, mechanics and other workers, agents, or servants in any manner employed in connection with contracts involving public funds or the development or construction of public works, buildings or facilities.
 - 3) That the contractor must abide by and comport with all applicable local and State laws relating or pertaining to the development and/or construction of public works, buildings, or facilities, including but not limited to, any and all applicable workmen's compensation acts or laws.
 - 4) That the contractor shall provide and furnish to the satisfaction of the sponsoring agency and the Department good and sufficient performance bond(s) with adequate surety or sureties, with applicable penalty or loss clauses concerning or relating to the construction of the proposed facilities and any losses, cost or damages arising out of, or by virtue of, said construction by the contractor of the

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specified snowmobile facilities and which insures, benefits and protects the sponsoring agency and the Department.

- 5) That the contractor shall personally and individually agree and covenant, and shall furnish and provide sufficient evidence of insurance, to indemnify, protect, defend at its own cost, and hold harmless the sponsoring agency and the Department from and against all losses, damages, injuries, costs, expenses or claims thereof to or by persons or property arising out of, through, under or by virtue of the construction and development of the specified snowmobile facilities.

- 6) That the Contractor certifies to the best of his knowledge, no officer or employee has been convicted of bribery or attempting to bribe an officer or employee of the State of Illinois, nor has any officer or employee made an admission of guilt of such conduct which is a matter of record. Contractor further certifies that it is not barred from bidding/or entering into a contract involving State of Illinois assistance as a result of violations of Section 33E-3 of 33E-4 of the Criminal Code of 1961, regarding bid rigging or bid rotating.

- m) It shall be understood by the project sponsor that a Department representative will make periodic inspections of the project as construction progresses and be available for consultation or assistance at any reasonable time upon request. It is further agreed and understood by the project sponsor that a final inspection and acceptance of the completed project must be made by a representative of the Department prior to acceptance and final payment of grant reimbursement to the local sponsoring agency.

- n) The Sponsoring agency shall indemnify, protect, defend and hold harmless the Department from any and all liability, costs, damages, expenses, or claims thereof arising under, through or by virtue of the construction, operation and maintenance of Program-assisted snowmobile facilities.

- o) In connection with and prior to the construction, and thereafter the subsequent operation and maintenance of Program assisted snowmobile facilities, it shall be

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understood that the project sponsor is responsible for obtaining any and all necessary permits, licenses or forms of consent, as the case may be, from, but not limited to, the following:

- 1) Illinois Department of Transportation
- 2) Illinois Environmental Protection Agency
- 3) Illinois Historic Preservation Agency
- 3-4) Local Building or Zoning Agencies or Boards, where applicable

In addition to the foregoing, the sponsoring agency further agrees to comply with ~~an~~-applicable provisions of the Recreational Area Licensing Act.

- p) The sponsoring agency must comply with and abide by the following Operation and Maintenance provisions:

- 1) The sponsoring agency may enter into a contract or agreement with responsible concessionaires to operate and/or construct snowmobile rental facilities, for dispersing food to the public and/or any other services as may be desired by the public and the sponsoring agency. Prior approval of the contract or agreement, and subsequent revisions thereof, shall be obtained from the Department. Any and all funds in excess of the costs of operation and maintenance of Program-assisted snowmobile facilities shall be used for the improvement of said facilities or similar public facilities in nearby areas.

- 2) The charging of fees for general public use of snowmobile facilities financed with funds from this grant program is strongly discouraged. However, if it is deemed necessary by the sponsoring agency that fees must be levied for use of these facilities, the sponsoring agency shall:

- A) Receive prior approval on an annual basis from the Department for scheduled fees to be charged;
- B) Clearly document that existing agency operation and maintenance budget is not sufficient to

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cover the added cost of properly operating and maintaining the project facility;

- C) Deposit all fees in a separate account to be used for maintenance of and improvement to the Program-assisted facility only. This account must appear on the sponsoring agency's appropriation ordinance each year; and

- D) On an annual basis, submit to the Department satisfactory statements of receipts and itemized expenditures from this fund.

- 3) All snowmobile facilities financed with funds from this grant program shall be continuously operated and maintained by the sponsoring agency at no cost to the Department and shall be operated and utilized in such a manner as to maximize the intended benefits to and for the general public.

- 4) The sponsoring agency shall satisfactorily maintain Program-assisted snowmobile facilities so as to promote the safe and enjoyable usage of the facility by the public.

- 5) The Department shall have access to Program-assisted facilities at all times for inspection purposes to ensure project sponsor's continued compliance with program regulations.

- 6) All snowmobile facilities financed with funds from this grant program shall be open to the public for use and enjoyment without regard to race, color, ~~exceed-exsex~~, national origin, age or disability. No lessee or licensee of an area under a lease or license providing for a public or quasi-public use and no concessionaire of a lessee or licensee providing a service to the public, including facilities and accommodations, shall discriminate against any person or persons because of race, color, ~~exceed-exsex~~, national origin, age or disability in the conduct of its operation under the lease, license or concession agreement.

- 7) All sub-leases or licenses entered into by the sponsoring agency with third persons relating to accommodations or concessions to be provided for or at the snowmobile facility for the benefit of the

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general public shall be submitted to the Department for its approval prior to said sub-lease or license being entered into or granted by the sponsoring agency.

- 8) It shall be permissible for the sponsoring agency to close Fund-assisted snowmobile facilities during the following times:

- A) During and immediately following severe weather conditions when the safety of the recreating public may be jeopardized or debris deposited on the facility prohibit its proper use; removal of such debris shall be completed immediately or as soon as practical thereafter so public use of the facility may be effectively resumed.

- B) During periods of alternate freezing and thawing when anticipated public use could cause damage to the facility resource base or jeopardize the safety of the recreating public.

- C) At night to prevent vandalism if deemed necessary by the sponsoring agency.

During periods necessitating closure, the general public shall be appropriately informed by proper signs and through the news media. Other than as enumerated above, the sponsoring agency agrees that the facilities shall be open for and to public use throughout the year.

q) Conflict of Interests:

- 1) No official or employee of the local political subdivision who is authorized in his official capacity to negotiate make, accept, or approve or to take part in such decisions regarding a contract or subcontract in connection with an approved Snowmobile grant project shall have any financial or other personal interest in any such contract or sub-contract.

- 2) No person performing services for the local political subdivision in connection with an approved Snowmobile grant project shall have a financial or other personal interest other than his employment

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or retention by that local political subdivision, in any contract or subcontract in connection with an approved Snowmobile grant project. No officer or employee of such person retained by the local political subdivision shall have any financial or other personal interest in any real property acquired under an approved Snowmobile grant project unless such interest is openly disclosed upon the public records of the local political subdivision, and such officer, employee or person has not participated in the acquisition for or on behalf of the local political subdivision.

r) Program Violations and Project Termination

- 1) The State may unilaterally rescind project agreements at any time prior to the commencement of the project in the event that State funds are not appropriated for the grant program. After project commencement, agreements may be rescinded, modified, or amended only by mutual agreement with the local political subdivision. A project shall be deemed commenced when the local political subdivision makes any expenditure or incurs any obligation with respect to the project.
- 2) Failure by the local sponsoring agency to comply with any of the above cited program terms shall be cause for the suspension of all grant assistance obligations thereunder, unless, in the judgement of the Department, such failure was due to no fault of the local sponsoring agency.
- 3) Conversion of property acquired or developed with assistance from the Illinois Snowmobile Grant program from public recreation and snowmobile use shall result in the local sponsoring agency being held liable for replacing the converted property with comparable facilities as deemed acceptable by the Department.

(Source: Amended at Ill. Reg. _____, effective _____)

Section 3010.80 Program Information Contact

Write:

Illinois Department of Conservation

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Division of Technical Services
Lincoln Tower Plaza
524 South Second St.
Springfield, Illinois 62706
217/782-7481

Telephone:

(Source: Amended at 15 Ill. Reg. _____, effective _____).

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1) HEADING OF THE PART: Land and Water Conservation Fund Grant Program

2) CODE CITATION: 17 Ill. Adm. Code 3030

3) SECTION NUMBERS: PROPOSED ACTION:

3030.30 Amendments
3030.50 Amendments
3030.60 Amendments

4) STATUTORY AUTHORITY: Implementing and authorized by Sections 1 through 5 of "An Act relating to the planning, acquisition and development of outdoor recreation resources and facilities, and authorizing the participation by the State of Illinois, its political subdivisions and qualified participants in programs of Federal assistance relating thereto", (Ill. Rev. Stat. 1985, ch. 105, pars. 531-535) and implementing Title VI of the Federal Civil Rights Act of 1964 (43 CFR 17, 1983).

5) A COMPLETE DESCRIPTION OF THE SUBJECTS AND ISSUES INVOLVED:
The application submittal date is being changed from July - September of each year to May - July.

6) WILL THIS PROPOSED RULE REPLACE AN EMERGENCY RULE CURRENTLY IN EFFECT? No

7) DOES THIS RULEMAKING CONTAIN AN AUTOMATIC REPEAL DATE? No

8) DO THESE PROPOSED AMENDMENTS CONTAIN INCORPORATIONS BY REFERENCE? No

9) ARE THERE ANY OTHER PROPOSED AMENDMENTS PENDING ON THIS PART? No

10) STATEMENT OF STATEWIDE POLICY OBJECTIVES: This rule has no impact on local governments.

11) TIME, PLACE AND MANNER IN WHICH INTERESTED PERSONS MAY COMMENT ON THIS PROPOSED RULEMAKING: Comments on the proposed rule may be submitted in writing for a period of 30 days following publication of this notice to:

Jack Price
Department of Conservation
524 S. Second Street, Room 485
Springfield, IL 62701-1787

12) INITIAL REGULATORY FLEXIBILITY ANALYSIS: This rule has no impact on small businesses or municipalities.

THE FULL TEXT OF THE PROPOSED AMENDMENTS BEGINS ON THE NEXT PAGE:

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TITLE 17: CONSERVATION
CHAPTER 1: DEPARTMENT OF CONSERVATION
SUBCHAPTER 9: GRANTS

PART 3030
LAND AND WATER CONSERVATION FUND GRANT PROGRAM

- Section 3030.10 Statutory Bases of Grant Program
- 3030.20 Eligibility
- 3030.30 General Procedures for Grant Awards
- 3030.40 Selection Criteria
- 3030.50 Compliance Requirements
- 3030.60 Land and Water Conservation Fund Information

AUTHORITY: Implementing and authorized by Sections 1 through 5 of "An Act relating to the planning, acquisition and development of outdoor recreation resources and facilities, and authorizing the participation by the State of Illinois, its political subdivisions and qualified participants in programs of Federal assistance and relating thereto", (Ill. Rev. Stat. 1989, ch. 105, pars. 531-535) and implementing Title VI of the Federal Civil Rights Act of 1964 (43 CFR 17, 1983).

SOURCE: Adopted at 2 Ill. Reg. 45 p. 176, effective November 11, 1978; codified at 5 Ill. Reg. 10671, amended at 7 Ill. Reg. 8779, effective July 15, 1983; amended at 10 Ill. 13249, effective July 30, 1986; amended at 14 Ill. Reg. 6149, effective April 17, 1990; amended at 15 Ill. Reg. _____, effective _____.

Section 3030.30 General Procedures for Grant Awards

- a) ~~the project applicant is required to submit an application for assistance to a completed project application for assistance must be submitted by the local project sponsor and received by the Department of Conservation from July 1 to September 1 between May 1 and July 1 of each year for consideration under the subsequent (October 1st) federal fiscal year Land and Water Conservation Fund grant cycle.~~
- b) The project application consists of the following components which are described in detail in the Land and Water Conservation Fund Local Participation Manual which is available from the Department of Conservation upon request from local political subdivisions.

- 1) General Project Data

- 2) Acquisition Data
- 3) Acquisition Certification (if applicable)
- 4) Resolution of Authorization
- 5) Development Data
- 6) Preliminary Relocation Plan
- 7) Assurance of Compliance
- 8) Certification Regarding Federal Debarment/Suspension
- 9) A-95 Review/Form 424
 - A) State Historic Preservation Officer Sign-Off
 - B) U.S./Illinois Departments of Agriculture Sign-Off
- 10) Narrative Statement
- 11) Premise Plat
- 12) Site Development Plan
- 13) Environmental Assessment Statement
- 14) Copy of Commitment for Title Insurance
- 15) ~~Copy of Housing and Urban Development (HUD) Federal Emergency Management Agency (FEMA) Flood Map for Project Area~~
- 16) Three Slides of Project Area
- 17) Indication of Conformance to Local Master Plan/Statewide Comprehensive Outdoor Recreation Plan (SCORP)
- 18) Appraiser Qualifications
- c) Failure to submit a correct and complete application by the specified application deadline date will result in project rejection.

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(Source: Amended at 15 Ill. Reg. _____, effective _____)

Section 3030.50 Compliance Requirements

a) Definitions:

- 1) The term "NPS" as used herein means the National Park Service, United States Department of the Interior.
- 2) The term "Director" as used herein means the Director of the Illinois Department of Conservation or any representative lawfully delegated the authority to act for such Director.
- 3) The term "project" as used herein means any project or project stage approved for Land and Water Conservation Fund Program assistance.
- 4) The term "State" as used herein means Illinois and the eligible political subdivision or public agency to which funds from the program may be transferred. Wherever a term, condition, obligation, or requirement refers to the State, such term, condition, obligation, or requirement shall also apply to the recipient political subdivision or public agency.

b) Project Execution:

- 1) The State shall execute and complete the approved project in accordance with the time schedule set forth in the project proposal. Failure to render satisfactory progress or to complete this or any other project which is the subject of Federal assistance under this program to the satisfaction of the Director shall be cause for the suspension of all obligations of federal Land and Water assistance.
- 2) Construction contracted for shall meet the following requirements:
 - A) Contracts for construction in excess of \$10,000 shall be awarded through a process of competitive bidding. Copies of all bids and a copy of the contract shall be retained for

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inspection by the Director.

- B) All bidders on contracts for construction in excess of \$10,000 must be informed that Federal funds are being used to assist in construction.
- C) Written change orders to contracts for construction in excess of \$10,000 shall be issued for all necessary changes in the facility. Such orders shall be made a part of the project file and shall be kept available for audit.
- D) The following provisions will be incorporated into all construction contracts and during the performance of such contract, the contractor agrees as follows:
 - i) The contractor will not discriminate against any employee or applicant for employment because of race, creed, color, or national origin. The contractor will take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to their race, sex, age or disability, color, or national origin. Such action shall include, but not be limited to, the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the contracting officer setting forth the provisions of this nondiscrimination clause.
 - ii) The contractor will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to race, sex, age or disability, color, or national origin.

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iii) The contractor will send to each labor union or representative of workers with which he has a collective bargaining agreement or other contract or understanding, a notice, to be provided by the agency contracting officer, advising the labor union or workers' representative of the contractor's commitments under Section 202 of federal Executive Order No. 11246, entitled "Equal Employment Opportunity", as amended by federal Executive Order 11375 of October 13, 1967, and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

iv) The contractor will comply with all provisions of federal Executive Order No. 11246, as amended by federal Executive Order 11375 of October 13, 1967, and of the rules, regulations, and relevant orders of the United States Secretary of Labor.

v) The contractor will furnish all information and reports required by federal Executive Order No. 11246, as amended by federal Executive Order 11375 of October 13, 1967, and by the rules, regulations, and orders of the U. S. Secretary of Labor, or pursuant thereto, and will permit access to his books, records, and accounts by the contracting agency and the U. S. Secretary of Labor for purposes of investigation to ascertain compliance with such rules, regulations, and orders.

vi) In the event of the contractor's noncompliance with the nondiscrimination clauses of this contract or with any of such rules, regulations, or orders, this contract may be canceled, terminated or suspended in whole or in part and the contractor may be declared ineligible for further Government contracts in accordance with procedures authorized in federal

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Executive Order No. 11246, as amended by federal Executive Order 11375 of October 13, 1967, and such other sanctions may be imposed and remedies invoked as provided in said Executive Order, as amended, or by rule, regulation, or order of the U. S. Secretary of Labor, or as otherwise provided by law.

vii) The contractor will include the provisions of Paragraphs (i) through (vi) in every subcontract on purchase order unless exempted by rules, regulations, or orders of the U. S. Secretary of Labor issued pursuant to Section 204 of federal Executive Order No. 11246, as amended by federal Executive Order 11375 of October 13, 1967 so that such provisions will be binding upon each subcontractor or vendor. The contractor will take such action with respect to any subcontract or purchase order as the contracting agency may direct as a means of enforcing such provisions, including sanctions for noncompliance; provided, however, that in the event the contractor becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction by the contracting agency, the contractor may request the United States to enter into such litigation to protect the interests of the United States.

E) The State shall:

i) Comply with the above provisions in construction work carried out by itself.

ii) Assist and cooperate actively with the NPS and the U. S. Secretary of Labor in obtaining the compliance of contractors and subcontractors with the above contract provisions and with the rules, regulations, and relevant orders of the U. S. Secretary of Labor.

iii) Obtain and furnish to the NPS and to the

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U. S. Secretary of Labor local bid specifications, submitted bid documents and awarded construction contracts as they may require for the supervision of such compliance.

- iv) Enforce the obligation of contractors and subcontractors under such provisions, rules, regulations, and orders.
- v) Carry out sanctions and penalties for violation of such obligations imposed upon contractors and subcontractors by the U. S. Secretary of Labor or the NPS pursuant to Part II, Subpart D, of federal Executive No. 11246, as amended by federal Executive Order 11375 of October 13, 1967.
- vi) Refrain from entering into any contract with a contractor debarred from Government contracts under Part II, Subpart D, of federal Executive Order No. 11246, as amended by federal Executive Order 11375 of October 13, 1967.

3) The State shall secure completion of the work in accordance with the approved construction plans and specifications, and shall secure compliance with all applicable Federal, State, and local laws and regulations.

4) Local political subdivisions shall permit periodic site visits by the Director to insure work progress in accordance with the approved project, including a final inspection upon project completion.

5) In the event funds should not be available for future stages of the project, the local political subdivision shall bring the project to a point of usefulness agreed upon by the local political subdivision and the Director.

6) All significant deviations from the project proposal shall be submitted to the Director for prior approval. Deviations which do not impact or diminish the approved project's recreational objective shall be deemed not significant and shall

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be approved.

- 7) Development plans and specifications shall be available for review by the Director upon request.
- 8) The acquisition cost of real property shall be based upon the appraisal of a competent appraiser. The reports of such appraisers shall be made available to the Director.
- 9) If any tract or parcel of, or interest in, real property subject to being purchased under the provisions of this agreement, but not identified herein, is found by the Director for any reason not to be suitable for Federal assistance, all obligations of the United States hereunder shall cease as to such parcel, tract or interest.
- 10) Federal funds administered by the Department under the Federal Land and Water Conservation Fund program will be expended in accordance with all applicable State statutes.

c) Project costs:

Project costs eligible for assistance shall be determined upon the basis of the criteria set forth in the federal Land and Water Conservation Fund Grants-in-Aid and Illinois Land and Water-Local Participation Manuals.

d) Project Administration:

1) Local political subdivisions shall promptly submit such reports as the Director requests.

2) Property and facilities acquired or developed through the Land and Water program shall be available for inspection by the Director upon request.

e) Project Termination:

1) The State may unilaterally rescind project agreements at any time prior to project commencement if federal funds are rescinded. After project commencement, agreements may be rescinded, modified, or amended only by mutual agreement with the local political subdivision. A project shall be deemed

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commenced when the local political subdivision makes any expenditure or incurs any obligation with respect to the project.

- 2) Failure by the local political subdivision to comply with the terms of the Land and Water Conservation Fund Program shall be cause for the suspension of all obligations thereunder.
- 3) Failure by the local political subdivision to comply with the above cited terms shall not be cause for the suspension of all Land and Water obligations if, in the judgement of the Director, such failure was due to no fault of the local political subdivision.

f) Conflict of Interests:

- 1) No official or employee of the local political subdivision who is authorized in his official capacity to negotiate, make, accept, or approve or to take part in such decisions regarding a contract or subcontract in connection with an approved Land and Water project shall have any financial or other personal interest in any such contract or subcontract.

- 2) No person performing services for the local political subdivision in connection with an approved Land and Water project shall have a financial or other personal interest other than his employment or retention by that local political subdivision, in any contract or subcontract in connection with an approved Land and Water project. No officer or employee of such person retained by the local political subdivision shall have any financial or other personal interest in any real property acquired under an approved Land and Water project unless such interest is openly disclosed upon the public records of the local political subdivision, and such officer, employee or person has not participated in the acquisition for or on behalf of the local political subdivision.

g) Financial Records:

- 1) The local political subdivision shall maintain legible financial accounts, documents, and records, which accurately support projects costs claimed for

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grant reimbursement, and shall make them available to the Director, the NPS, the federal Department of the Interior, and to the U. S. General Accounting Office for auditing during regular business hours. Such accounts, documents, and records shall be retained by the local political subdivision for three years following project termination.

- 2) The local political subdivision shall use any generally accepted accounting system.

h) Use of Facilities:

- 1) The local political subdivision shall not at any time convert any property acquired or developed through the Land and Water program to other than the public outdoor recreation uses specified in the project proposal without the prior approval of the Director and concurrence by the NPS. Such approval will be given only upon the substitution of replacement property having equal fair market value and comparable outdoor recreation usefulness, quality and location.

- 2) The local political subdivision shall operate and maintain, or cause to be operated and maintained, property or facilities acquired or developed through the Land and Water program in the manner and according the standards set forth in the federal Land and Water Grants-in-Aid Manual.

i) Non discrimination:

- 1) The local political subdivision shall not discriminate against any person on the basis of race, color, national origin, handicap or age in the use of any property or facility acquired or developed through the Land and Water program.
- 2) The local political subdivision shall comply with the terms and intent of Title VI of the federal Civil Rights Act of 1964, 78 Stat. 241 (1964) (42 U.S.C. Subchapter V), and with the regulations promulgated pursuant to such Act by the U. S. Secretary of the Interior.
- 3) The local political subdivision shall not discriminate against any person on the basis of

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residence, except to the extent that reasonable differences in admission or other fees may be maintained on the basis of residence. Reasonable differences shall mean that fees charged to non-residents cannot exceed twice the amount charged to residents. When residents are not charged, but non-residents are charged, the non-resident fee cannot exceed fees charged for residents at comparable State or local public facilities having a fee system.

(Source: Amended at 15 Ill. Reg. _____, effective _____).

Section 3030.60 Land and Water Conservation Fund Information

Write:

Illinois Department of Conservation
Division of Technical Services
524 S. Second St.
Lincoln Tower Plaza
Springfield, Illinois 6270662701-1787

Telephone: 217/782-7481

(Source: Amended at 15 Ill. Reg. _____, effective _____).

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1) HEADING OF THE PART: Snowmobile Trail Establishment Fund Grant Program

2) CODE CITATION: 17 Ill. Adm. Code 3020

3) SECTION NUMBERS: PROPOSED ACTION:

3020.20	Amendments
3020.40	Amendments
3020.50	Amendments
3020.70	Amendments
3020.80	Amendments

4) STATUTORY AUTHORITY: Implementing and authorized by Sections 609-1 and 609-2 of the Snowmobile Registration and Safety Act (Ill. Rev. Stat. 1985, ch. 95 1/2, pars. 609-1 and 609-2).

5) A COMPLETE DESCRIPTION OF THE SUBJECTS AND ISSUES INVOLVED:
The application submittal date is being changed from May 1 to March 1 to coincide with the Department's local government Snowmobile Grant Program and trail maintenance costs are now included as eligible costs for grant assistance.

6) WILL THIS PROPOSED RULE REPLACE AN EMERGENCY RULE CURRENTLY IN EFFECT? No

7) DOES THIS RULEMAKING CONTAIN AN AUTOMATIC REPEAL DATE? No

8) DO THESE PROPOSED AMENDMENTS CONTAIN INCORPORATIONS BY REFERENCE? No

9) ARE THERE ANY OTHER PROPOSED AMENDMENTS PENDING ON THIS PART? No

10) STATEMENT OF STATEWIDE POLICY OBJECTIVES: This rule has no impact on local governments.

11) TIME, PLACE AND MANNER IN WHICH INTERESTED PERSONS MAY COMMENT ON THIS PROPOSED RULEMAKING: Comments on the proposed rule may be submitted in writing for a period of 30 days following publication of this notice to:

Jack Price
Department of Conservation
524 S. Second Street, Room 485
Springfield, IL 62701-1787

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- 12) INITIAL REGULATORY FLEXIBILITY ANALYSIS: This rule has no impact on small businesses or municipalities.

THE FULL TEXT OF THE PROPOSED AMENDMENTS BEGINS ON THE NEXT PAGE:

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TITLE 17: CONSERVATION
CHAPTER I: DEPARTMENT OF CONSERVATION
SUBCHAPTER g: GRANTS

PART 3020

SNOWMOBILE TRAIL ESTABLISHMENT
FUND GRANT PROGRAM

Section
3020.10
3020.20
3020.30
3020.40
3020.50
3020.60
3020.70
3020.80

Program Objective
Program Eligibility Requirements
Funding Assistance Formula
General Procedures for Grant Applications and Awards
Eligible Project Expenditures
Project Evaluation Criteria/Priorities
Program Compliance Requirements
Program Information

AUTHORITY: Implementing and authorized by Sections 609-1 and 609-2 of the Snowmobile Registration and Safety Act (Ill. Rev. Stat. 1989, ch. 95 1/2, pars. 609-1 and 609-2)

SOURCE: Adopted and codified at 7 Ill. Reg. 198, effective December 22, 1982; amended at 7 Ill. Reg. 14964, effective November 1, 1983; amended at 11 Ill. Reg. 12869, effective July 28, 1987; amended at 15 Ill. Reg. _____, effective _____.

Section 3020.20 Program Eligibility Requirements

Agencies eligible for financial assistance through the Snowmobile Trail Establishment Fund, hereafter referred to as STEF grant program, include any private snowmobile club or organization in Illinois having not-for-profit incorporation status with the State. Clubs/organizations seeking financial assistance through the grant program must also possess minimum liability insurance coverage of \$100,000 per person/\$300,000 per occurrence on the snowmobile facilities to be operated under the scope of the proposed project application. STEF funds may only be awarded and used for snowmobile projects located within the state boundaries of Illinois.

(Source: Amended at 15 Ill. Reg. _____, effective _____)

Section 3020.40 General Procedures for Grant Applications and Awards

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- a) Requests for funding assistance through the STEF grant program may be made through written application to the Illinois Department of Conservation, hereafter referred to as the Department. Necessary application forms and instructions are available through the Department.
- b) To be eligible for funding consideration, project applications must be submitted to the Department's Division of Technical Services no later than ~~May~~ March 1 of each calendar year. Notice of grant awards will be generally announced within 90 ~~120~~ days of the application submission deadline date. Awarding of grants is made solely under the authority and directive of the Director of the Department.
- c) Grant Applications shall consist of the following basic components:

- 1) Completed Application Forms;
- 2) Copy of Club's Articles of Incorporation papers;
- 3) Project Narrative Statement describing the project concept, location, need for and objectives of the project, anticipated benefits and approach for accomplishing the project;
- 4) Location Map showing general location of proposed snowmobile facility and how the facility ties in with other public snowmobiling areas, if any, in the county and other snowmobiling areas maintained by the project sponsor;
- 5) Plat Map showing detailed location and dimension of property being proposed as a snowmobile trail/area under the scope of the project;
- 6) Detailed Site Development Plan illustrating proposed project development;
- 7) Environmental Assessment Statement briefly describing the physical characteristics of the area being proposed for development and the impact snowmobiling will have on the area;
- 8) Sign-off letters from property owner(s) of land where snowmobile facility is proposed indicating approval/cooperation with project; or copy of signed

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property lease;

- 9) A Public Hearing soliciting public comment on the proposed project is required. Minutes of the hearing, as well as all written comments received, must be submitted to the Department as part of the application. Notice for the hearing must be advertised in a local newspaper of general circulation at least seven (7) days prior to the date of the hearing; and

- 10) Proof of Liability Insurance.

(Source: Amended at 15 Ill. Reg. _____, effective _____)

Section 3020.50 Eligible Project Expenditures

- a) Grant assistance may be obtained for, but not limited to, the purchase of the following items or materials necessary to construct such items:

- 1) trail signs;
- 2) trail fencing;
- 3) trail groomers;
- 4) bridges or fence traversing ramps (must be portable);
- 5) parking facilities;
- 6) warming shelters/restrooms (facility must be located on public park land);
- 7) equipment rental necessary for facility construction; and
- 8) other (considered on a case-by-case basis).

- b) Grant assistance may be obtained for annual trail maintenance costs as authorized by the Department to cover fuel and necessary oils/fluids, vehicle insurance, and routine maintenance parts, directly associated with the operation and transporting of STEF-assisted grooming equipment while maintaining designated trails open to the general public for snowmobile use.

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b)(c) It is the Department's policy that the STEF grant program be used to assist local snowmobile clubs purchase necessary materials for development and maintenance of snowmobile facilities. Labor necessary for project completion and maintenance shall be the sole responsibility of the project sponsor utilizing donated/volunteer labor. No funding assistance will be provided for project labor costs.

e)(d) No grant assistance will be awarded to projects which, either in whole or in part, will not be open to the general public for snowmobile use. If the project sponsor so chooses, use of the project facilities can be restricted to only those snowmobilers who can show proof of adequate personal liability insurance coverage or are willing to sign liability waivers concerning use of the facility.

(Source: Amended at 15 Ill. Reg. _____, effective _____)

Section 3020.70 Program Compliance Requirements

- a) Grants awarded through the STEF grant program shall be for a period not to exceed one year. All approved projects must be in accordance with the agreed upon project specifications and a final billing request for reimbursement submitted to the Department within one year from the date of official grant award notification.
- b) All equipment/materials purchased through the STEF grant program utilized on private property shall be subject to repossession by the Department and shall be reclaimed upon the dissolution of the project sponsor or as a result of project sponsor non-compliance with program regulations as stated herein.

- c) With the exception of designated snowmobile routes on township roads, all snowmobile facilities developed with assistance from the STEF shall be posted with a permanent warning sign at all ingress/egress points to the facility which shall, at a minimum, be worded ~~to say the following as follows:~~

"Snowmobilers use this facility at their own risk. The land-owner and other organizations and individuals involved in the development of this

facility do not confer upon any facility user the legal status of invitee to whom a duty of care or responsibility is owed and shall in no way be held liable for any injuries or damages resulting from its use."

- d) With the exception of designated snowmobile routes on township roads, it shall be the sole responsibility of the project sponsor to adequately patrol the STEF-assisted facility to insure proper usage of the facility and user compliance with all State and local snowmobiling regulations. Failure of the project sponsor to take corrective measures, which bring the facility into compliance with this part, to help remedy complaints lodged by local citizens concerning misuse of STEF-assisted facilities shall be grounds for rescission of Department participation in the project.

- e) For projects proposing permanent land/facility improvements, such as warming shelters, picnic shelters, bridges, and parking lots, it shall be necessary for the project sponsor(s) to possess/obtain signed "letters of agreement" or "leases" from all property owners directly associated with the development of STEF-assisted facilities which shall, at a minimum, stipulate the following terms:

1) General

- A) The effective dates of the agreement/lease which shall, at a minimum, be for a four month period from December 1 to April 1 for two consecutive years.
- B) A precise description of the property to be covered under the terms of the agreement/lease for snowmobiling use.
- C) If applicable, the agreed upon rental/lease fee to be paid the landowner in consideration for use of the designated property. PLEASE NOTE that any private landowner who accepts a valuable consideration in return for opening his/her land for public snowmobiling purposes jeopardizes the possibility for limited liability protection afforded under State statute (Ill. Rev. Stat. 1985, ch. 95 1/2, par. 605-1 (I) and (J)) to private land-owners who

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open their lands to snowmobiling for no valuable consideration.

- D) The agreement/lease is non-revocable by the landowner unless terms of the agreement/lease are violated by the club or excessive vandalism by snowmobile users is evident. Should either the project sponsor or landowner wish to terminate the agreement/lease for any reason prior to the expiration date, the Department must be notified and made a party to the negotiations for termination.

2) Permittees (landowners) Acknowledgements

- A) Permittee agrees that the described property in the agreement/lease will be open to the general public for snowmobiling purposes regardless of race, color, creed or national origin.
- B) During the terms of the agreement/lease, the permittee shall not utilize, make alterations to, further sublet or in other ways legally encumber the designated premises or parts thereof so as to interfere with the intended snowmobiling use of the property.
- C) Permittee shall not post "no trespassing" or other restrictive use signs on the described property at any time during the terms of the agreement/lease.
- D) Permittee shall be allowed to restrict snowmobile use on the described property during the terms of the agreement/lease only when:
- i) snowcover is less than four inches (4"),
 - ii) there is evidence of continued facility misuse or damage to the designated property by snowmobilers,
 - iii) it is judged that conditions of the facility jeopardize user safety.
- E) Permittee agrees that all materials/equipment used to make improvements to or mark the

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designated property for snowmobiling use shall remain the property of the permittee and State of Illinois and shall be reclaimed/removed at the termination of the agreement/lease.

- F) Permittee agrees to hold harmless permittee, its officers and members, and the State of Illinois and its agents from any and all claims, demands, judgments, and executions which may arise as a direct or indirect result of this agreement/lease or actions taken in reliance thereupon.

- G) Permittee in no way implies or assures through the execution of this agreement/lease that the designated property is safe for snowmobile use; or confers upon any trail user the legal status of invitee to whom a duty of care is owed; or assumes liability responsibility for injury to person/property caused through snowmobile use of the designated property.

3) Permittees (snowmobile club) Acknowledgements

- A) To restrict snowmobiling on the Permittee's property to those areas specifically designated for that purpose in the agreement/lease.
- B) To make only those improvements or trim and cut only those trees and shrubs on the designated property as approved by the property owner. It is further understood that all damage to fencing or other personal property of the property owner as a result of facility development or usage shall be repaired by the permittee to pre-damage condition upon termination of the agreement/lease or request of the property owner.
- C) To post necessary trail signs to insure safe and proper snowmobile usage of the designated property and remove them, as requested, upon termination of the agreement/lease or snowmobiling season.
- D) To patrol and use all reasonable measures to promote safe and proper snowmobile usage of the designated property and to prevent the deposit

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of litter upon said property by users and to remove such litter that may be deposited.

- f) All Leases/Letters of Agreement must be submitted to the Department, and must be consistent with 3020.70 (e) prior to consideration for STEF grant assistance. Upon the expiration or termination of a lease agreement which causes relocation of project facilities, the Department shall be notified as to the location of the new facility site.
- g) During all times of operation of a STEF-assisted snowmobile facility, the project sponsor must possess, in current force, its Charter papers proving Not-for-Profit corporation status with the State of Illinois, and must possess insurance protection providing a minimum of \$100,000/\$300,000 liability coverage.
- h) The project sponsor must possess the resource capabilities to:
 - 1) Initially finance 100% of the total cost prior to grant reimbursement ~~and; and~~
 - 2) Properly maintain and operate the fund-assisted snowmobile facility after project completion~~7~~.
- i) Documents required at the time of final billing for grant reimbursement on a project include the following:
 - 1) a signed "Billing Request" Form that itemizes specific project costs and contains a certification statement verifying project expenditures;
 - 2) copies of receipts/invoices for equipment rental and materials purchased ~~all approved project costs incurred in completing the project for which reimbursement is claimed;~~
 - 3) copies of cancelled checks showing proof of payment; and
 - 4) "as-built" drawings for the completed project.
- 5) ~~It shall be understood by the project sponsor that 45-60 days are required by the Department to disburse grant reimbursement funds to local project sponsors after receipt of an acceptable "Billing~~

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~~Request" submitted in compliance with the above-~~

(NOTE: it shall be understood by the project sponsor that 45-60 days are required by the Department to disburse grant reimbursement funds to local project sponsors after receipt of an acceptable "Billing Request" submittal in compliance with the above listed items.)

- j) All financial records on approved projects must be maintained and retained by the project sponsor for possible State audit for a period of three years after final reimbursement payment is made by the Department.
- k) The project sponsor must permanently post at the project site a STEF grant program acknowledgement sign. The required acknowledgement sign will be furnished by the Department.
- l) All work specifications must be submitted by the project sponsor to the Department for review prior to commencing work. Project sponsor will be notified by the Department if the proposed project requires the approval of a registered structural engineer.
- m) Department representatives shall have access to STEF-assisted project sites at any time during construction to assess project progress and during facility operation to ensure compliance with program regulations. As time allows, Department representatives shall be available, upon request, for consultation/technical assistance concerning project development. It shall be further understood that a final inspection and acceptance of the completed project work must be made by Department personnel prior to approval of final reimbursement payment to the local project sponsor.
- n) The sponsoring agency shall indemnify, protect and hold harmless the Department from any and all liability, costs, damages, and claims arising as a direct or indirect result of the construction, operation or maintenance of STEF-assisted snowmobile facilities.
- o) In connection with, and prior to, the construction, and thereafter the subsequent operation and maintenance of STEF-assisted snowmobile facilities, sponsoring agency agrees that it shall be responsible for and obtain all necessary permits, licenses or forms of consent, as the

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case may be, from, but not limited to, the following agencies:

- 1) Illinois Department of Transportation: Division of Highways and Division of Water Resources,
- 2) Illinois Environmental Protection Agency,
- 3) U.S. Army Corp of Engineers,
- 4) Local building, zoning or roadway boards/commissions

p) The project sponsor must comply with and abide by the following Operation and Maintenance provisions:

- 1) The charging of user fees for general public use of STEF-assisted snowmobile facilities is prohibited.
- 2) All STEF-assisted snowmobile facilities shall be operated, maintained and utilized and maintained for general public use at no cost to the Department and must be operated and utilized in such a manner as to maximize the facility's intended benefits.
- 3) The sponsoring agency shall satisfactorily maintain STEF-assisted snowmobile facilities so as to promote the safe and enjoyable use of the facility by the snowmobiling public.

4) All snowmobiling trails/facilities developed, improved and/or maintained as a result of STEF grant assistance must be open and available to general public use and enjoyment without regard to race, color, ~~exceed~~ ex-national origin, sex, age or disability.

5) Department personnel shall have access to STEF-assisted facilities at all times for inspection purposes to ensure continued compliance with program regulations.

q) All funds administered by the Department under the STEF grant program and expended by the project sponsor shall be in accordance with all applicable State statutes.

r) The Department may unilaterally rescind project agreements at any time prior to commencement of the project, if the Department experiences a funding problem

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or the applicant demonstrates non-compliance with this part. After project commencement, agreements may be rescinded, modified, or amended only by mutual agreement with the project sponsor. A project shall be deemed commenced when the project sponsor has made an expenditure or has incurred an obligation with respect to the project.

- s) Failure by the local project sponsor to comply with any of the herein cited program regulations and terms shall be cause for the suspension of all STEF grant assistance obligations and/or repossession of project equipment/material obtained thereunder, unless, in the judgment of the Department, such noncompliance was due to no fault of the project sponsor.

(Source: Amended at 15 Ill. Reg. _____, effective _____)

Section 3020.80

Program Information

Write:

Illinois Department of Conservation
Division of Technical Services
Lincoln Tower Plaza
524 South Second Street
Springfield, Illinois 62701-1787

Telephone:

217/782-7481

(Source: Amended at 15 Ill. Reg. _____, effective _____)

DEPARTMENT OF CONSERVATION

NOTICE OF PROPOSED AMENDMENTS

1) HEADING OF THE PART: The Taking of Wild Turkeys - Spring Season

2) CODE CITATION: 17 Ill. Adm. Code 710

3) SECTION NUMBERS:

710.10
710.20
710.21
710.30
710.50

PROPOSED ACTION:

Amendments
Amendments
New Section
Amendments
Amendments

4) STATUTORY AUTHORITY: Implementing and authorized by Sections 1.3, 1.4, 1.20, and 2.9 of the Wildlife Code (Ill. Rev. Stat. 1989, ch. 61, pars. 1.3, 1.4, 1.20, and 2.9), and Sections 2.10 and 2.11 of the Wildlife Code (Ill. Rev. Stat. 1989, ch. 61, pars. 2.10 and 2.11).

5) A COMPLETE DESCRIPTION OF THE SUBJECTS AND ISSUES INVOLVED:
This Part is being amended to add new hunting dates, open three new counties (Knox, Rock Island, Scott) to hunting and raise permit quotas in 11 counties and reduce the quota in one county.

6) WILL THIS PROPOSED RULE REPLACE AN EMERGENCY RULE CURRENTLY IN EFFECT? No

7) DOES THIS RULEMAKING CONTAIN AN AUTOMATIC REPEAL DATE? No

8) DO THESE PROPOSED AMENDMENTS CONTAIN INCORPORATIONS BY REFERENCE? No

9) ARE THERE ANY OTHER PROPOSED AMENDMENTS PENDING ON THIS PART? No

10) STATEMENT OF STATEWIDE POLICY OBJECTIVES: This rule has no impact on local governments.

11) TIME, PLACE AND MANNER IN WHICH INTERESTED PERSONS MAY COMMENT ON THIS PROPOSED RULEMAKING: Comments on the proposed rule may be submitted in writing for a period of 30 days following publication of this notice to:

Jack Price
Department of Conservation
524 S. Second Street, Room 485
Springfield, IL 62701-1787

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12) INITIAL REGULATORY FLEXIBILITY ANALYSIS: This rule has no impact on small businesses or municipalities.

THE FULL TEXT OF THE PROPOSED AMENDMENTS BEGINS ON THE NEXT PAGE:

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TITLE 17: CONSERVATION

CHAPTER I: DEPARTMENT OF CONSERVATION

SUBCHAPTER b: FISH AND WILDLIFE

PART 710

THE TAKING OF WILD TURKEYS - SPRING SEASON

Section

- 710.10 Hunting Seasons and Permit Quotas
 710.20 Turkey Permit Requirements
 710.21 Turkey Permit Requirements - Special Hunts
 710.30 Turkey Hunting Regulations
 710.40 Other Regulations (Repealed)
 710.50 Regulations at Various Department Owned or Managed Sites
 710.60 Releasing or Stocking of Turkeys

AUTHORITY: Implementing and authorized by Sections 1.3, 1.4, 1.20, and 2.9 of the Wildlife Code (Ill. Rev. Stat. 1989, ch. 61, pars. 1.3, 1.4, 1.20, and 2.9), and Sections 2.10 and 2.11 of the Wildlife Code (Ill. Rev. Stat. 1989, ch. 61, pars. 2.10 and 2.11).

SOURCE: Adopted at 4 Ill. Reg. 15, p. 153, effective April 1, 1980; codified at 5 Ill. Reg. 10643; amended at 6 Ill. Reg. 3852, effective March 31, 1982; amended at 7 Ill. Reg. 4208, effective March 25, 1983; amended at 8 Ill. Reg. 5663, effective April 16, 1984, amended at 9 Ill. Reg. 6200, effective April 24, 1985; amended at 10 Ill. Reg. 6848, effective April 4, 1986; amended at 11 Ill. Reg. 2267, effective January 20, 1987; amended at 12 Ill. Reg. 5342, effective March 8, 1988; amended at 13 Ill. Reg. 5090, effective April 4, 1989; amended at 14 Ill. Reg. 663, effective January 2, 1990; amended at 15 Ill. Reg. 4161, effective March 4, 1991; amended at 15 Ill. Reg. _____, effective _____.

Section 710.10 Hunting Seasons and Permit Quotas

a) Season Dates:

- 1st Season: Monday, April 8~~13~~ - Friday, April 12~~17~~, 1991~~1992~~.
 2nd Season: Saturday, April 13~~18~~ - Friday, April 19~~24~~, 1991~~1992~~.
 3rd Season: Saturday, April 20~~25~~ - Wednesday, May 1~~6~~, 1991~~1992~~.

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b) Open Counties and Permit Quotas:

COUNTRIES

NUMBER OF PERMITS
PER SEASON

Adams	300
Alexander	170
Brown	175
Calhoun	150
Carroll	200
Cass	75
Clay	50
Effingham	75
Fayette	150
Fulton	120
Gallatin-Hardin	260
Greene	120
Hancock	140
Henderson	80
Jackson	310
Jersey	200
Jo Daviess	400
Johnson	75
Knox	90
Macoupin	100
Marion	100
Marshall-Putnam	60

(least of Illinois River only; north of State Highway 17 and south of the McNabb Blacktop [County Road 500 N.1 only])

McDonough	80
Monroe	150
Ogle	50
Pike	350
Pope	420
Randolph	150
Rock Island	80
Saline	300
Schuyler	300
Scott	320
Union	60
Washington	85
Williamson	85

(Source: Amended at 15 Ill. Reg. _____, effective _____)

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Section 710.20 Turkey Permit Requirements

- a) To take, or attempt to take, a wild turkey, Illinois residents must first obtain a "Wild Turkey Hunting Permit" from the Department of Conservation for a fee of \$15.00. Non-resident turkey hunters shall be charged the same fee for wild turkey hunting permits as that charged residents of Illinois by the state in which the applicant resides, except that in no case shall the fee be less than \$30.00. If the state in which the applicant resides does not provide for turkey hunting by Illinois residents, then the fee shall be \$75.00. Non-residents are also required to obtain a Non-Resident Hunting License before hunting wild turkeys. Residents, except those exempted by Section 3.1 of the Wildlife Code (Ill. Rev. Stat. 1989, ch. 61, par. 3.1) are also required to obtain a hunting license before hunting wild turkey. Permits are issued for a specific county or area and are valid only in the county or area designated on the permit. Applications for wild turkey permits must be mailed to:

Department of Conservation - Turkey
524 S. Second Street, Room 210
P. O. Box 19446
Springfield, Illinois 62794-9446

- b) Applicants must complete all portions of the permit application form. Incomplete applications will be rejected and fees returned. Each applicant must submit a personal check or money order for his/her individual application. Not more than 4 applications may be submitted for group hunters. Applicants submitting applications within three weeks of the season will not be guaranteed receipt of permit by start of season.
- c) Applications will be accepted January 2 through January 10. Applications received in the permit office after close of business on January 10, except for those postmarked before January 11, will be returned and will not be included in the computerized drawing. All requests must be on an official application form. Permits are not transferable and refunds will not be granted.

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Permits will be allocated in a computerized drawing to be held in Springfield in which the first choice of seasons will be allocated before the second or third choices are considered.

- d) Permits not issued during the computerized drawing will be available in a random daily drawing beginning February 19. Starting dates of the random daily drawing will be publicly announced. All hunters not receiving a permit in the computerized drawing may apply at this time for the available permits.

- e) Any permits not issued as of the second Monday in March will also be available in a random daily drawing to those hunters who have previously received one permit.

- f) Landowners or tenants of 40 acres or more land and members of their immediate family may apply for one free turkey permit for their property only in counties open for turkey hunting. A tenant for the purpose of this part is one who rents 40 acres or more land for commercial agricultural purposes under an agreement with a landowner. Commercial agriculture shall be defined as utilization of land for the raising of hay, grain crops or livestock for profit. All landowners or tenants that do not reside on the property must possess a valid hunting license.

- g) Landowners, or tenants are not required to participate in the public drawing for permits and are not counted toward the total number of permits issued for a particular county. Landowner/tenant permits are valid for the entire 24 days encompassed by the 3 seasons, but allow the taking of only one wild turkey.

- 1) The immediate family is limited to the spouse, children, and parents permanently residing on the same property as the landowner or tenant.
- 2) Proof of ownership for all free landowner or tenant applications must be provided by one of the following methods:

- A) Submittal of a copy of property deed;
B) Submittal of a copy of contract for deed;

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- C) Submittal of copy of most recent real estate tax statement upon which landowner's name appears;
- D) Submittal of a copy of either an Agricultural Stabilization and Conservation Service Form 476 or Commodity Credit Corporation Form 477; or
- E) Submittal of a copy of a trust agreement which must indicate that the trust owns at least 40 acres and the applicant is a beneficiary of the trust.

3) If you are applying for a tenant permit, you are required to submit, in addition to the landowner certification and proof of ownership, a copy of one of the following:

- A) Submittal of a copy of a lease (not a hunting rights lease) or rental agreement, file stamped as recorded by the county desk, covering the current year; or
- B) Submittal of a copy of either an Agricultural Stabilization and Conservation Service Form 476 or Commodity Credit Corporation Form 477.

4) A hunting rights lease, or other non-agricultural lease, is not valid for a landowner or tenant permit.

5) If the property is owned or rented by more than one person: Only one landowner (and his immediate family) or one tenant (and his immediate family) will be issued a permit for every 40 acres of owned or rented land.

6) For example, if 3 persons own 90 acres, only 2 of the landowners and their immediate family may receive turkey permits.

7) Shareholders of corporations owning 40 or more acres of land in a county may apply for a free

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permit to hunt the corporation lands only. Only one permit per 40 acres, for a maximum number of 15 permits per county shall be issued based on ownership of lands by corporations. Lands leased to corporations shall not be considered as a basis for a free permit for the shareholders of the lessee. Lands held in trust by corporations shall not be considered as a basis for a free permit by the shareholders of the trustee. If application is made for a free permit based upon lands owned by the corporation, a duly authorized officer of the corporation must sign a notarized statement authorizing the applicant to hunt on the corporate lands for which a permit is being requested. This statement must identify the applicant is a shareholder, identify authorization to hunt and identify that no more than 15 authorizations will be requested per county for the corporation lands. This document must be attached to the application upon submittal to the Permit Office.

8) Landowners or tenants who obtain a free permit to hunt their owned or leased property may apply for a second county-wide permit (\$15.00 fee) from any permits not issued as of the second Monday in March in a random daily drawing.

h) A \$3.00 service fee will be charged for replacement permits issued by the Department.

i) It shall be unlawful to:

- 1) Submit applications before the second Monday in March for receiving more than one permit for the same person, and thereafter, submittal of applications for receiving more than two permits for the same person. Applicants may apply for a second permit prior to the second Monday in March if the application and the outside of the envelope are marked "Application for March Drawing - Second Permit." Such applications will not be processed until the second Monday in March.

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- 2) Provide false and/or deceptive information on a permit application form. In addition to criminal charges, individuals found guilty of violating this section shall have their application rejected, permit revoked, and fees forfeited.

(Source: Amended at 15 Ill. Reg. _____, effective _____)

Section 710.21 Turkey Permit Requirements - Special Hunts

Special hunts are regulated by the agency which manages the property. The Permit Office only issues turkey hunting permits for Savanna Army Depot (Jo Daviess County).

(Source: Added at 15 Ill. Reg. _____, effective _____)

Section 710.30 Turkey Hunting Regulations

It is unlawful:

- a) to use live turkey decoys, recorded calls, dogs, or bait;
- b) to take any wild turkey except a ~~gobbler (male)~~, or a hen with a visible beard or a gobbler (male);
- c) to take, or attempt to take, more than two wild turkeys during the spring season, one must have a valid permit for each turkey that is taken;
- d) to use any weapon except a shotgun or bow and arrow. #4 shot is the largest and #7 1/2 is the smallest size shot that may be legally used. Archers may use a long, recurved, or compound bow with a minimum pull of 40 pounds at some point within a 28-inch draw; a ~~barbless broadhead hunting arrow is the only legal arrow~~-an arrow with a metal barbless broadhead that cannot pass through a 7/8 inch diameter hole is the only legal arrow. Any mechanical device capable of maintaining a drawn position or partially drawn position on a bow is illegal;
- e) to hunt except from 1/2 hour before sunrise to noon during each day of the season;

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- f) for any person having taken the legal limit of wild turkey(s) to further participate with a weapon in any hunting party for the purpose of taking additional wild turkeys;
- g) for any person to hunt wild turkeys without having a signed Wild Turkey Hunting Permit in possession;
- h) to transport a wild turkey without first affixing the adhesive-backed turkey permit securely around the leg. Leg tag must be affixed to the turkey immediately upon taking possession. The wild turkey shall be taken whole (or field dressed) to the designated check station for the county in which it was killed, or the closest check station, by 2:00 P.M. the same day it was killed. It will be checked, tagged and recorded by the Department at the check station.

- i) For any person to shoot a wild turkey while it is in a tree before 7:00 a.m.

- j) For any person to use a turkey call or to attempt to call a turkey while in the field from April 1 through the day before turkey season in counties open to turkey hunting.

(Source: Amended at 15 Ill. Reg. _____, effective _____)

Section 710.50 Regulations at Various Department Owned or Managed Sites

- a) Statewide regulations shall apply for the following sites:

Amax Leased Lands

Carlyle Lake Wildlife Management Area

LaRue Scatters

Mark Twain N.W.R., Gardner Division

Mississippi River Pool #18 (Henderson County)

Oakwood Bottoms

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Panther Creek Conservation Area
 Pike County Conservation Area
 Rockhouse Creek (Monroe County)
 Saline County Conservation Area

- b) Statewide regulations shall apply except that all hunters must check in and out and report turkeys harvested at the check station for the following sites:

Anderson Lake Conservation Area

Fort de Chartres - muzzleloading shotgun or archery only.

Giant City State Park - hunting allowed only in designated zones.

Kaskaskia River State Fish and Wildlife Area - south of Highway 154 only.

Pere Marquette State Park - designated open zone in southeast portion of the Park only.

Trail of Tears State Forest

Turkey Bluffs Fish and Wildlife Area

Union County Conservation Area - Firing line management unit only.

Weinburg-King State Park - hunting allowed only in designated zones.

- c) Statewide regulations shall apply and a drawing will be held the day prior to each day's hunt to fill the area's daily hunter quota. All hunters must check in and out at the check station. Hunters will be allowed to hunt in designated zones only.

Argyle Lake State Park — ~~quota-3~~

Beaver Dam State Park — ~~quota-2 (bow-hunting only)~~

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Big River State Forest — ~~quota-6~~
 Castle Rock State Park — ~~quota-4~~
~~Lowden State Park — quota-1 (drawing and check station at Castle Rock State Park)~~
 Mississippi Palisades State Park — ~~quota-10~~
 Pere Marquette State Park — ~~quota-15~~
 Siloam Springs State Park — ~~quota-20~~
 Witkowsky Conservation Area — ~~quota-7~~

- d) Statewide regulations shall apply except that all hunters must sign in and check out to report turkeys harvested. There will be a daily quota of turkeys which will be taken on a first-come, first-served basis. Hunters will not be allowed to sign in prior to 4 a.m. each day of the season.

Tapley Woods — ~~(hunter-quota-2)~~

- e) Statewide regulations shall apply and a drawing will be held the day prior to each of the three seasons to fill the hunter quota. All hunters must check in and out at the check station. Hunters will be allowed to hunt in designated zones only.

Ferne Clyffe State Park — ~~quota-2~~ — ~~2~~ — ~~2~~
~~alternates~~

Stephen A. Forbes State Park — ~~(quota-6~~ — ~~6~~
~~alternates)~~

Ramsey Lake State Park — ~~(quota-6~~ — ~~6~~
~~alternates)~~

- f) Additional regulations may be posted at the sites when more restriction is required. These additional regulations shall include, but not be limited to, selected check stations, limited hunting hours, and designated first-come first-serve sites.

(Source: Amended at 15 Ill. Reg. _____, effective _____)

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1) The Heading of the Part: Hazardous Materials Emergency Response Reimbursement Standards.

2) Code Section: 41 Ill. Adm. Code 270

3) Section Number: Proposed Action

270.10	New Section
270.20	New Section
270.30	New Section
270.40	New Section
270.50	New Section
270.60	New Section
270.70	New Section
270.80	New Section

4) Statutory Authority: Ill. Rev. Stat. 1989, ch. 127 1/2, par. 1005.

5) A Complete Description of the Subjects and Issues Involved: These rules provide the process by which local governmental agencies and volunteer fire departments may seek reimbursement from the state for hazardous materials responses.

6) Will the proposed rule replace and emergency rule currently in effect? No.

7) Does this rulemaking contain an automatic repeal date? No.

8) Does this rulemaking contain incorporations by reference? No.

9) Are there any other rule pending on this part? No.

10) Statement of Statewide Policy Objective (if applicable): This rulemaking does not impose a mandate upon any unit of government. The decision to seek reimbursement funding is voluntary.

11) Time, Place and Manner in which interested parties may comment on this proposed rulemaking:

The Office will accept written comments for a period of 45 days after the date of this publication. The written comments should be directed to:

John J. Pavlou, General Counsel
Office of the State Fire Marshal

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1035 Stevenson Drive
Springfield, Illinois 62703-4259

12) Initial Regulatory Flexibility Analysis:

A) Date the rule submitted to the Small Business Office of the Department of Commerce and Community Affairs: September 20, 1991.

B) Types of Small Businesses and Municipalities Affected: Local Governments and volunteer fire departments who respond to hazardous materials incidents and expend at least 5% of their annual budget.

C) Reporting, bookkeeping or other procedure required for compliance:

There is no mandate contained in these rules. Local governments seeking reimbursement must maintain the same type of documentation as they would maintain for their fiscal purposes. The rules allow local governments to utilize their existing documents as evidence under these rules.

D) Types of Professional Skills necessary for Compliance: Clerical and Bookkeeping skills.

The full text of the Rules begins on the next page.

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TITLE 41: FIRE PROTECTION
CHAPTER I: STATE FIRE MARSHAL

PART 270

Hazardous Materials Emergency Response Reimbursement Standards

Section	
270.10	Definitions
270.20	Application for Reimbursement
270.30	Eligible Costs for Reimbursement
270.40	Local Budgets
270.50	Review Process
270.60	Reimbursement to the Emergency Response Agency by Other Sources
270.70	Reimbursement to the Fund by Other Sources
270.80	Panel

Authority: Implementing and authorized by Section 5 of the Hazardous Materials Emergency Response Reimbursement Act (Ill. Rev. Stat. 1989, ch. 127-1/2, par. 1005).

Source: Adopted at _____ Ill. Reg. _____, effective _____.

Section 270.10 Definitions

"Act." Act means the Hazardous Materials Emergency Response Reimbursement Act, Ill. Rev. Stat. 1989, Ch. 127-1/2, par. 1001 et seq.

"Annual Budget." The cost to operate an Emergency Response Agency, excluding personnel costs, (including, but not limited to, salary, benefits, and training expenses) and costs to acquire capital equipment (including, but not limited to, buildings, vehicles, and other such major capital cost items).

"Emergency Action." Any action taken at or near the scene of a Hazardous Materials incident to prevent or minimize harm to human health, to property, or to the environment from the release or threatened release of Hazardous Materials.

"Emergency Response Agency." A unit of local government, or volunteer fire protection organization, that provides or procures firefighting services, emergency rescue services, emergency medical services, Hazardous Materials response teams, or civil defense.

"Expended Materials." Expended Materials includes those replacement items, materials, or supplies that have been utilized, damaged, or destroyed; such as foam, absorbents, protective clothing, hoses, or other goods used in the mitigation of a hazardous materials incident.

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"Hazardous Materials." A substance or material in a quantity and form determined by the United States Department of Transportation to be capable of posing an unreasonable risk to health and safety or property when transported in commerce. These materials are listed in 49 CFR 171 and 172 (1991).

"Panel." The Panel appointed by the State Fire Marshal or his designee (who shall serve as Chairman), that is responsible for reviewing Applications for Reimbursement from the Fund.

"Person." Person means an individual, a corporation, a partnership, an unincorporated association, or any unit of federal, state, or local government.

"Responsible Party." A Person who owns or has custody of Hazardous Materials involved in an incident requiring Emergency Action by an Emergency Response Agency; a Person who owns or has custody of bulk or non-bulk packaging or a transport vehicle that contains Hazardous Materials involved in an emergency response incident; or a Person who causes or substantially contributed to the cause of an Emergency Action. This term includes the plural.

"Office." Office of the State Fire Marshal.

Section 270.20 Application for Reimbursement

An Emergency Response Agency requesting reimbursement shall meet the following criteria:

- a) The Emergency Response Agency must attempt to contact the Responsible Party for reimbursement prior to applying for reimbursement from the Fund.
- b) If after 14 days from the date the notification was mailed to the Responsible Party, the Emergency Response Agency has not been reimbursed by the Responsible Party, or the Responsible Party is not expeditiously cooperating or providing a reasonable effort to reimburse an Emergency Response Agency or if no Responsible Party can be identified, the Emergency Response Agency may submit the following information to the Office:

1) The Application for Reimbursement Form prescribed by the Office.

A) More than one Application for Reimbursement may be filed per incident for different costs but reimbursement is limited to the amount specified in Section 270.30(e).

B) Reimbursement costs for separate incidents may not be filed on the same form.

2) No later than 90 days after the date of the incident, the Application for Reimbursement form and documentation required in these rules and regulations, shall be submitted to the Office at 1035 Stevenson Drive, Springfield, Illinois 62703-4259. Applications for Reimbursement which have been filed in a timely manner may be amended at the discretion of the Panel.

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Section 270.30 Eligible Costs for Reimbursement

Eligible costs for reimbursement are subject to the following limitations:

- a) Replacement of Expended Materials, including, but not limited to:
 - 1) Specialized firefighting foam, absorbents.
 - 2) Damaged hoses, protective clothing, or other damaged equipment.
 - 3) Or other reasonable and necessary equipment and/or supplies that have been used, expended, contracted for, damaged, or chemically contaminated, and includes disposal or costs for equipment, supplies, or materials.
- b) Repair or decontamination of equipment.
- c) The cost of the incident to the Emergency Response Agency must exceed 5 percent of the Emergency Response Agency's Annual Budget.
- d) A minimum of \$500 must have been expended.
- e) A maximum of \$10,000 may be reimbursed per incident.
- f) The response must have been made to a Hazardous Materials incident where the Responsible Party is not a taxpayer in the jurisdiction where the incident occurred.

Section 270.40 Local Budgets

- a) The amount of reimbursed cost of supplies must exceed 5 percent of the Emergency Response Agency's Annual Budget for the fiscal year in which the incident occurred or commenced.
- b) It is recognized that a single equipment purchase in a given year may not accurately portray a typical annual commodity or equipment line. The Emergency Response Agency may elect to use the average of the current year and two previous years' budgets.
- c) The chief fiscal officer of the Emergency Response Agency shall attest to the budgetary information provided (such as a certified copy of the tax levy and appropriation ordinance, audits, or similar documentation filed with a governmental agency should be submitted).

Section 270.50 Review Process

The procedure to reimburse Emergency Action costs:

- a) Upon receipt of Application for Reimbursement, the Office shall begin a preliminary review of the application and documentation within five working days. If deficiencies are found, the Office shall contact the applicant to resolve the problem.

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- b) If no deficiencies exist or the Emergency Response Agency does not submit additional information, the Office shall forward the Application for Reimbursement to the Chairman for review.
- c) The Chairman, or his designee, shall send a copy of the Application for Reimbursement to the Panel members and arrange a conference call within ten working days to discuss each Application for Reimbursement and vote to approve or disapprove the request to expedite processing. A quorum of members must exist.
 - 1) A meeting may be called upon the request of two or more members.
 - 2) If approved, the Office shall process reimbursement to the Emergency Response Agency from the Fund.
 - 3) If an Emergency Response Agency disagrees with the decision, it may request a hearing before the Panel within 30 days of the decision. The Panel shall give the approved Agency notice of the date and time of the hearing at least ten days in advance. The hearing shall be governed by the Illinois Administrative Procedures Act.
 - 4) Any reimbursement amount not in dispute will be processed by the Office for payment.
- d) If Applications for Reimbursement are received within 30 calendar days of a scheduled Panel meeting, Application for Reimbursement may be held for formal action at the scheduled meeting.

Section 270.60 Reimbursement to the Emergency Response Agency by Other Sources

In the event the Emergency Response Agency receives payment from any Responsible Party or the federal government, for all or part of any reimbursement, the Emergency Response Agency shall repay the Fund for the amount of such payment or the amount paid by the Fund.

- a) Such repayment shall be made by check or money order, made payable to the "Hazardous Materials Emergency Response Reimbursement Fund."
- b) Repayment shall be made within 30 days of the date the payment from the other source was received.
- c) If the local Emergency Response Agency receives payment from the Responsible Party while the Application for Reimbursement is being processed by the Office, the Emergency Response Agency shall immediately notify the Chairman.
- d) If the Emergency Response Agency is reimbursed by the Responsible Party for a part of the mitigation costs during the time in which the Office is processing an application, the Emergency Response Agency shall immediately notify the Chairman.

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Section 270.70 Reimbursement to the Fund by Other Sources

a) In the event reimbursement is to be made to the Office:

1) Payment shall be made by check or money order payable to the "Hazardous Materials Emergency Response Reimbursement Fund."

2) Payment may be made directly by the Responsible Party.

b) *A voluntary contribution to the Fund, or directly to an Emergency Response Agency, does not constitute an admission of responsibility relative to this Act, or to any other state or federal laws or regulations.*

c) If no party to the incident provides reimbursement to the Emergency Response Agency or to the Fund, the State Fire Marshal may request the Attorney General to initiate a civil action to recover costs.

Section 270.80 Panel

a) The Panel shall convene at quarterly intervals and at the discretion of the Chairman. The Chairman shall notify all Panel members of the meeting date, time, and locations by U. S. Mail.

b) The Panel shall be responsible for:

1) Reviewing Applications for Reimbursement from the Fund to determine whether they were reasonable or necessary expenses.

2) Review, on a per incident basis, whether the Emergency Response Agency has made a reasonable effort to receive expended cost from responsible parties.

c) Each Application for Reimbursement shall be examined on a case-by-case basis.

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1) The Heading of the Part: Illinois Cooperative Work Study Program

2) Code Citation: 23 Ill. Adm. Code 1015

3) Section Numbers:
1015.10 New Section
1015.20 New Section
1015.30 New Section
1015.40 New Section
1015.50 New Section
1015.60 New Section
1015.70 New Section

Proposed Action:
New Section
New Section
New Section
New Section
New Section
New Section
New Section

4) Statutory Authority: P.A. 87-513, adopted September 13, 1991, effective September 13, 1991.

5) A complete description of the subjects and issues involved: The proposed rules implement P.A. 87-513, the Illinois Cooperative Work Study Program Act. Included are definitions, criteria for selection of grants, grant application procedures, requirements for grant agreements, and audit requirements and guidelines.

6) Will this proposed amendment replace an emergency rule currently in effect? No.

7) Does this rulemaking contain an automatic repeal date? No.

8) Does this proposed amendment contain incorporations by reference? No.

9) Are there any other proposed amendments pending on this Part? No.

10) Statement of Statewide Policy Objectives: The proposed rules do not create or expand a statutory mandate for units of local government. The rules provide for administration of a grant program to support projects for academically related work and study experiences with business, industry, government and other agencies and organizations. Participation in the program is optional.

11) The time, place and manner in which interested persons may present their views concerning the proposed action. All persons who submit a request to comment within 14 days after this Notice has been published shall be given a reasonable opportunity to submit data, views, arguments or comments. Written comments will be accepted up to 45 days from the date of publication of this notice and should be addressed to:

Cooperative Work Study Program Rules
Illinois Board of Higher Education
Attention: Carolyn Lorton
4 West Old Capitol Square, Room 500
Springfield, Illinois 62701

12) Initial Regulatory Flexibility Analysis:

A) Date rule was submitted to the Business Assistance Office of the Department of Commerce and Community Affairs: October 3, 1991

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- B) Types of small businesses affected: Private colleges and universities as well as businesses, industries, and other agencies and organizations electing to participate in cooperative work study projects will be affected by these rules. Participation in the program is optional.
- C) Reporting, bookkeeping or other procedures required for compliance: Requirements for public and private colleges and universities are specified in the rules. Cooperating entities may have to meet additional reporting requirements as specified by the colleges and universities.
- D) Types of professional skills necessary for compliance: Grant program administration skills.

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TITLE 23: EDUCATION AND CULTURAL RESOURCES
 SUBTITLE A: EDUCATION
 CHAPTER II: BOARD OF HIGHER EDUCATION

PART 1015
 ILLINOIS COOPERATIVE WORK STUDY PROGRAM

Section	Purpose
1015.10	Definitions
1015.20	Eligible Applicants
1015.30	Selection of Projects for Grants
1015.40	Grant Application Procedures
1015.50	Grant Agreement
1015.60	Audit Requirements and Guidelines
1015.70	

AUTHORITY: Implementing and authorized by the AN ACT to establish and implement a cooperative work study program, (P.A. 87-513, adopted September 13, 1991, effective September 13, 1991).

SOURCE: Adopted at Ill. Reg. , effective

Section 1015.10 Purpose

The purpose of the Illinois Cooperative Work Study Program is to provide a program of financial assistance to support student cooperative work study programs in higher education to benefit students academically and financially, reduce reliance on loans, enhance public-private sector partnerships, and encourage students to seek permanent employment in Illinois. (Section 3 of Public Act 87-513 (the Act), adopted September 13, 1991, effective September 13, 1991)

Section 1015.20 Definitions

"Board" means the Illinois Board of Higher Education.

"Cooperative work study" means an academically related work and study experience with business, industry, government or other agencies and organizations. Cooperative work study may include, but is not limited to, summer internships, clinical placements, internships and work experiences during the academic year.

"Nonpublic institution of higher education" means an Illinois educational organization, other than a public institution of higher education, that provides a minimum of an organized two-year program at the private junior college level or higher and that operates in conformity with standards substantially equivalent to those of the public institutions of higher education.

"Public institution of higher education" means the University of Illinois, Southern Illinois University, the several universities and colleges under the governance of the Board of Governors of State Colleges and Universities, the several Regency Universities under the jurisdiction of the Board of Regents, the public community colleges of this State, and any other public universities,

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colleges and community colleges now or hereafter established or authorized by the General Assembly. (Section 2 of the Act)

Section 1015.30 Eligible Applicants

Eligible applicants are nonpublic and public institutions of higher education.

Section 1015.40 Selection of Projects for Grants

- a) Grants shall be made for projects that support Illinois resident undergraduate students. In addition, the Board shall consider whether the projects:

- 1) *expand opportunities for students to pursue internships, clinical placement, cooperative programs with business and industry, and other work opportunities linked to a student's academic program;*
- 2) *strengthen cooperation between higher education, business, industry, and government;*
- 3) *promote school/college partnerships;*
- 4) *encourage social and community service;*
- 5) *maximize the use of matching contributions from business and industry, governmental and social agencies, and participating colleges and universities to support student wages;*
- 6) *create new opportunities for partnerships between the public and private sectors;*
- 7) *integrate other components of student financial aid to reduce reliance on student loans;*
- 8) *support work experiences for students in academic programs of engineering, science, math, and education; or*
- 9) *encourage students to seek permanent employment in Illinois.* (Section 3 of the Act)

- b) In addition, projects shall:

- 1) *not serve a sectarian purpose;* (Section 3 of the Act)
- 2) *not include partisan political activity;*
- 3) *either be new initiatives or projects that supplement, but not supplant, existing initiatives; and*
- 4) *comply with applicable state and federal laws.*

Section 1015.50 Grant Application Procedures

- a) At any time that grant funds become available or that the Board has reason to believe that grant funds may become available, the Board shall notify in writing the chief executive

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officer of every public and nonpublic institution of higher education in the state of Illinois of the availability or projected availability of such funds. Such notice shall contain, at a minimum, the following information:

- 1) The deadline for the submission of applications, which deadline shall not be less than 45 days from the date of mailing of such notice; and
 - 2) The date which such grants will be made and the deadline for the completion of grant projects, which deadline shall not be more than two years.
- b) Grant project proposals shall contain, at a minimum:
- 1) Synopsis;
 - 2) Statement of goals and specific objectives consistent with Section 1015.40;
 - 3) Detailed description of the proposed project, including activities, completion schedule, operating procedures and justification for funding;
 - 4) The amount(s) and source(s) of matching contributions earmarked for the project;
 - 5) Evaluation procedures to determine the effectiveness of the project; and
 - 6) Proposed budget, including audit, an allowable expenditure of grant funds. Administrative costs are not an allowable expenditure of grant funds.
- c) The Board staff shall review application documents of all institutions for compliance with the application and eligibility requirements. The Board staff may request additional documents or a meeting between its staff and institutional representatives to discuss questions about application documents. In the event that material submitted by an applicant institution is incomplete or not of sufficient detail to provide an understanding of the proposed project or its justification, the Board staff will request additional information for clarification or substantiation.
- d) The Board shall notify each applicant in writing concerning whether or not it received a grant.
- e) Application information may be obtained from and shall be submitted to:

Illinois Cooperative Work Study Program
Illinois Board of Higher Education
4 West Old Capitol Square, Room 500
Springfield, Illinois 62701

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Section 1015.60 Grant Agreement

- a) Non-Discrimination. No recipient shall discriminate on the basis of race, creed, sex, handicap, color, or national origin in the employment, training, or promotion of personnel or in the implementation of the program funded by the grant.
- b) Grant Period. Grants shall be for the period stated in the grant agreement but in no event for more than two years.
- c) Unexpended Grant Funds. Any unexpended portion of the grant funds shall be refunded to the Board.
- d) Record Keeping. All costs charged to the program shall be supported by properly executed documents. Such records shall be kept separately from other documents and maintained for a period of three years after receipt of final payment.
- e) Evaluation. Within ninety days of the end of the grant period, the recipient shall submit to the Board an evaluation of the project. The evaluation of the project shall include systematic and objective procedures for appraising the project with respect to how closely the purposes were fulfilled and an explanation of any deviation therefrom.
- f) Audit. Within ninety days of the end of the grant period the recipient shall submit an audit of expenditure of grant funds provided under this program prepared by an external auditor who is registered as a public accountant by the Illinois Department of Professional Regulation. Any recipient which fails to submit an audit shall refund the entire grant amount to the Board. Complete payment of grant funds for any continuing project shall be contingent upon submission of the evaluation and audit for the previous grant period.
- g) Contracts. All grants awarded under this program shall be made through contractual agreements between the Board and the recipient. Such agreements shall comply with the provisions of the Grant Funds Recovery Act (Ill. Rev. Stat. 1987, ch. 127, pars. 2301 et seq.).

Section 1015.70

Audit Requirements and Guidelines

- a) Institutions shall contract with an external auditor who is registered as a public accountant by the Illinois Department of Professional Regulation.
- b) The auditor shall obtain copies of the following grant documents: the executed grant agreement and a copy of this Part.
- c) The auditor shall verify the expenditure of grant funds as provided for in the grant agreement and this Part.
- d) The auditors shall provide an audit including a description of the tests performed and the audit findings to the Board within 90 days of the termination of the grant period or within 90 days of the end of the institution's fiscal year for institutions electing to fulfill the audit

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requirements as part of their annual audit as provided by the Illinois Grant Funds Recovery Act (Ill. Rev. Stat. 1989, ch. 127, par. 2302).

- e) Refunds shall be made to the State by institutions for the following reasons:
 - 1) Grant funds not expended;
 - 2) Grant funds expended for purposes not allowed under this Part or under the grant agreement;
 - 3) Grant funds received by the grantee for which the grantee is subsequently determined not to be eligible.
- f) The cost of an audit is an allowable use of grant funds.

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Minimum Standards for Individual and Group Medicare Supplement Insurance

2) Code Citation: 50 Ill. Adm. Code 2008

3) Section Numbers:

2008.10	Amended
2008.20	Amended
2008.30	Amended
2008.40	Amended
2008.50	Amended
2008.60	Amended
2008.61	Repealed
2008.70	Amended
2008.71	Renumbered, New Section
2008.72	New Section
2008.73	New Section
2008.74	New Section
2008.75	Renumbered, Amended
2008.80	Amended
2008.81	Repealed, New Section
2008.82	Amended
2008.90	Amended
2008.100	Amended
2008.101	Amended
2008.102	Amended
2008.103	Amended
2008.104	Amended
2008.110	Amended
2008.APPENDIX A	Amended
2008.APPENDIX B	Renumbered, New Section
2008.APPENDIX C	Repealed, New Section
2008.APPENDIX D	Renumbered, New Section
2008.APPENDIX E	New Section
2008.APPENDIX F	New Section
2008.APPENDIX G	New Section
2008.APPENDIX H	New Section
2008.APPENDIX I	New Section
2008.APPENDIX J	New Section
2008.APPENDIX K	New Section
2008.APPENDIX L	New Section
2008.APPENDIX M	Renumbered, Amended
2008.APPENDIX N	Repealed, New Section
2008.APPENDIX O	Renumbered, Amended
2008.APPENDIX P	New Section

Proposed Action:

Amended
Amended
Amended
Amended
Amended
Repealed
Amended
Renumbered, New Section
New Section
New Section
New Section
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4) Statutory Authority: Implementing Sections 363 and 363a and authorized by Section 401 of the Illinois Insurance Code (Ill. Rev. Stat. 1990 Supp., ch. 73, pars. 975, 975a as amended by P.A. 87-0601, effective September 19, 1991, and 1013).

5) A Complete Description of the Subjects and Issues Involved:

The Department has initiated these amendments pursuant to a federal statutory requirement. Under Section 4355 and 4357 of the Omnibus Budget Reconciliation Act (OBRA) of 1990 (P.L. 101-508), the requirements set forth in Section 2008.74 and 2008.80(a) concerning Open Enrollment and Loss Ratio Standards are effective November 5, 1991. Under Section 4351 of the Omnibus Budget Reconciliation Act (OBRA) of 1990 (P.L. 101-508), the NAIC has adopted a model regulation which sets standards for individual and group medicare supplement insurance. Under the Act the states must promulgate rules which mirror the NAIC model within one year of the model's adoption. The NAIC adopted the Medicare model on July 30, 1991.

The attached amendments establish minimum standards for policy provisions; benefits and claims payments; marketing practices; compensation arrangements; reporting practices; disclosure requirements, etc. Please see P.A. 87-0601 Section 363(7)(a).

6) Will this proposed rule replace emergency rule currently in effect?

7) Does this rulemaking contain an automatic repeal date? No

8) Does this proposed amendments contain incorporations by reference? No

9) Are there any other proposed amendments pending on this Part? No

10) Statement of Statewide Policy Objectives: These proposed amendments will not require a local government to establish, expand or modify its activities in such a way as to necessitate additional expenditures from local revenues.

11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Persons who wish to comment on this proposed rulemaking may submit written

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comments no later than 45 days after the publication of this Notice to:

Kirk H. Petersen, Assistant Chief Counsel
Department of Insurance
320 West Washington
Springfield, Illinois 62767

12) Initial Regulatory Flexibility Analysis:

a) Date rule was submitted to the Business Assistance Office of the Department of Commerce and Community Affairs: October 8, 1991

b) Types of small businesses affected:

"Insurance producers" will be affected by these amendments. Please see (Ill. Rev. Stat. 1989, ch. 73, par. 1065.38-1).

c) Reporting, bookkeeping or other procedures required for compliance:

Please see Section 208.100 and Appendix A.

d) Types of professional skills necessary for compliance:

These amendments do not require any additional professional skills.

The full text of the Proposed Amendment begins on the next page:

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TITLE 50: INSURANCE
CHAPTER I: DEPARTMENT OF INSURANCE
SUBCHAPTER 2: ACCIDENT AND HEALTH INSURANCE

PART 2008
MINIMUM STANDARDS FOR INDIVIDUAL AND GROUP
MEDICARE SUPPLEMENT INSURANCE

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2008.APPENDIX A Policy Checklist

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Applicability and Scope

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Policy Definitions and Terms

Prohibited Policy Provisions

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Standards-for-Claims-Payment Benefit Standards for Policies or Certificates Issued on or After the Effective Date of this Part

Standard Medicare Benefit Plans

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2008.75 Standards for Claims Payment

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Filing-Requirements-for-Out-of-State-Group-Policies Filing and Approval of Policies and Certificates and Premium Rates

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Severability

Effective Date (Repealed)

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- 2008.APPENDIX B Outline of Medicare Supplement Coverage-Cover Page
- 2008.APPENDIX C Notice-to-Applicant-Regarding-Replacement-of-Medicare-Supplement-Insurance-(Response-Other Than-Direct)-Plan A
- 2008.APPENDIX D Notice-to-Applicant-Regarding-Replacement-of-Medicare-Supplement-Insurance-(Direct-Response)-(Repealed)-Plan B
- 2008.APPENDIX E Notice-on-Medicare-Changes----1990 Plan C
- 2008.APPENDIX F Plan D
- 2008.APPENDIX G Plan E
- 2008.APPENDIX H Plan F
- 2008.APPENDIX I Plan G
- 2008.APPENDIX J Plan H
- 2008.APPENDIX K Plan I
- 2008.APPENDIX L Plan J
- 2008.APPENDIX-M Notice to Applicant Regarding Replacement of Medicare-Supplement Accident and Sickness Insurance (Response Other Than Direct)
- 2008.APPENDIX-N Notice-to-Applicant-Regarding Replacement-of-Medicare-Supplement-Insurance-(Direct-Response)-(Repealed)-Medicare Supplement Refund Calculation Format
- 2008.APPENDIX-O Notice on Medicare Changes - 1998
- 2008.APPENDIX P Medicare Supplement Policies Report
- AUTHORITY: Implementing Sections 363 and 363(a) and authorized by Section 401 of the Illinois Insurance Code (Ill. Rev. Stat. 1989 1990 Supp., ch. 73, pars. 975, 975a as amended by P.A. 87-0601 effective September 19, 1991, and 1013).
- SOURCE: Adopted at 6 Ill. Reg. 7115, effective June 1, 1982; adopted at 6 Ill. Reg. 7115, effective January 1, 1983; codified at 7 Ill. Reg. 3474; emergency amendments at 13 Ill. Reg. 586, effective January 1, 1989, for a maximum of 150 days; amended at 13 Ill. Reg. 8520, effective May 23, 1989; amended at 14 Ill. Reg. 19243, effective November 27, 1990; amended at 111. Reg. _____, effective _____.

Section 2008.10 Authority

This Part is issued by the Director of Insurance pursuant to Section 401 of the Illinois Insurance Code (Ill. Rev. Stat. 1989 1990 Supp., ch. 73, par. 1013) which empowers the Director . . . to make reasonable rules and regulations as may be necessary for making effective . . . the insurance laws of this

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State. This Part implements Section 363 and 363(a) of the Illinois Insurance Code (Ill. Rev. Stat. 1989 1990 Supp., ch. 73, pars. 975 and 975(a) as amended by P.A. 87-0601, effective September 19, 1991).

(Source: Amended at _____ Ill. Reg. _____, effective _____)

Section 2008.20

The purpose of this Part is to provide for the reasonable standardization of coverage and simplification of terms and benefits of Medicare supplement policies; to facilitate public understanding and comparison of such policies; to eliminate provisions contained in such policies which may be misleading or confusing in connection with the purchase of such policies or with the settlement of claims; and to provide for full disclosures in the sale of accident and sickness insurance coverages to persons eligible for Medicare by-reason-of-age.

(Source: Amended at _____ Ill. Reg. _____, effective _____)

Section 2008.30 Applicability and Scope

- a) Except as otherwise specifically provided in Sections 2008.80 and 2008.81, this Part shall apply to:
- 1) All Medicare supplement policies and-subscriber contracts delivered, issued for delivery, renewed or amended in this State on or after the effective date hereof; and
 - 2) All certificates issued under group Medicare supplement policies or-subscriber-contracts, which policies or contracts have been delivered or issued for delivery in this State.
- b) This Part shall not apply to:
- 1) "Accident Only" or "Specified Disease" types of policies (Section 363(1)(b) of the Illinois Insurance Code (the Code)), or
 - 2) Policies or health care benefit plans, including group conversion policies, provided to Medicare eligible persons, which policies or plans are not

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marketed or purported or held to be Medicare supplement policies or benefit plans (Section 363(1)(b) of the Code).

prepaid health plan, or any similar organization which is advertised, marketed or designed primarily as a supplement to reimbursements under Medicare for the hospital, medical or surgical expenses of persons eligible for Medicare by reason-of-age (Section 363(2)(c) of the Code).

(Source: Amended at Ill. Reg. _____, effective _____)

Section 208.40 Definitions

For the purposes of this Part:

"Applicant" means:

in the case of an individual Medicare supplement policy or subscriber-contract, the person who seeks to contract for insurance benefits; and

in the case of a group Medicare supplement policy or subscriber-contract, the proposed certificate-holder (Section 363(2)(a) of the Code).

"Certificate" means any certificate delivered or issued for delivery in this State under a group Medicare supplement policy which certificate has been delivered or issued for delivery in this State (Section 363(2)(b) of the Code).

"Certificate Form" means the form on which the certificate is delivered or issued for delivery by the issuer.

"Code" means the Illinois Insurance Code (Ill. Rev. Stat. 1987 1990 Supp., ch. 73, par. 613, et seq.).

"Issuer" includes insurance companies, fraternal benefit societies, health care service plans, and any other entity delivering or issuing for delivery in this State Medicare supplement policies or certificates.

"Medicare" means the "Health Insurance for the Aged Act," Title XVIII of the Social Security Amendments of 1965, as then constituted or later amended.

"Medicare Supplement Policy" means a group or individual policy of Accident and Health Insurance or subscriber-contract delivered or issued for delivery in this State by an insurer, fraternal benefit society, nonprofit health, hospital or medical service corporation,

"Policy Form" means the form on which the policy is delivered or issued for delivery by the issuer.

(Source: Amended at Ill. Reg. _____, effective _____)

Section 208.50 Policy Definitions and Terms

No insurance policy or subscriber-contract certificate may be advertised, solicited or issued for delivery in this State as a Medicare supplement policy or certificate unless such policy or subscriber-contract certificate contains definitions or terms which conform to the requirements of this Section.

"Accident," "Accidental Injury" or "Accidental Means" shall be defined to employ "result" language and shall not include words which establish an accidental means test or use words such as "external, violent, visible wounds" or similar words of description or characterization.

The definition shall not be more restrictive than the following: "Injury or injuries for which benefits are provided means accidental bodily injury sustained by the insured person which is the direct cause of loss, independent of disease or bodily infirmity and occurring while the insurance is in force."

Such definition may provide that injuries shall not include injuries for which benefits are provided or available under any workers' compensation, employer's liability or similar law, or motor vehicle no fault plan, unless prohibited by law.

"Benefit Period" or "Medicare Benefit Period" shall not be defined as more restrictively than as that defined in the Medicare program.

"Convalescent Nursing Home," "Extended Care Facility," or "Skilled Nursing Facility" shall not be defined in relation

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to-status-facilities-and-available-services more restrictively than as defined in the Medicare program.

A-definition-of-such-home-or-facility-shall-not-be-more restrictive-than-one-requiring-that-it:

be-operated-pursuant-to-law;

be-approved-for-payment-of-Medicare-benefits-or-be qualified-to-receive-such-approval;-if-so-requested;

be-primarily-engaged-in-providing;-in-addition-to room-and-board-accommodations;-skilled-nursing-care under-the-supervision-of-a-duly-licensed-physician;

provide-continuous-twenty-four-(24)-hours-a-day nursing-service-by-or-under-the-supervision-of-a registered-graduate-professional-nurse-(R.N.);-and

maintains-a-daily-medical-record-of-each-patient;

The-definition-of-such-home-of-facility-may-provide that-such-term-shall-not-be-inclusive-of:

any-home;-facility-or-part-thereof-used-primarily for-rest;

a-home-or-facility-for-the-aged-or-for-the-care-of drug-addicts-or-alcoholics;-or

a-home-or-facility-primarily-used-for-the-care-and treatment-of-mental-diseases-or-disorders;-or custodial-or-educational-care.

"Duplication of Insurance" means a transaction wherein new accident and health insurance is to be purchased and it is known to the agent producer or should be known to the agent producer or the insurer issuer; in the case of a direct response solicitation, that the new insurance will provide some of the benefits or coverages which the proposed insured already has under existing accident and health insurance.

"Health Care Expenses" means expenses of a nonprofit health, hospital or medical service corporation, prepaid health plan or similar organization associated with the

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delivery of health care services in which providers of the health care services are reimbursed for such services on an other than fee for service basis which are analogous to incurred losses of insurers. Such expenses shall not include:

Home office and overhead costs;

Advertising costs;

Commissions and other acquisition costs;

Taxes;

Capital costs;

Administrative costs; or and

Claims processing costs.

"Hospital" may be defined in relation to its status, facilities and available services or to reflect its accreditation by the Joint Commission on Accreditation of Hospitals; but

The-definition-of-the-term-"hospital"-shall not be more restrictively than one-requiring-that-the-hospital: as defined in the Medicare program.

be-an-institution-operated-pursuant-to-law;-and

be-primarily-and-continuously-engaged-in-providing or-operating-medical-and-diagnostic-facilities with-major-surgical-facilities-either-on-its-premises-or-in-facilities-available-to-the-hospital-on-a-prearranged-basis;-under-the-supervision-of-a staff-of-duly-licensed-physicians-for-the-medical care-and-treatment-of-sick-or-injured-persons-on-an inpatient-basis-for-which-a-charge-is-made;-and provide-twenty-four-(24)-hour-nursing-service-by-or under-the-supervision-of-registered-graduate-professional-nurses-(R.N.'s);

The-definition-of-the-term-"hospital"-may-state-that such-term-shall-not-be-inclusive-of:

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convalescent, rest, or nursing home or facilities, or

facilities primarily affording custodial, educational or rehabilitatory care.

facilities for the aged, drug addicts or alcoholics, or

any military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or agency thereof for the treatment of members or ex-members of the armed forces, except for services rendered on an emergency basis where a legal liability exists for charges made to the individual for such services.

"Medicare" shall be defined in the policy and certificate as "The Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965 as then constituted or later amended", including the "Medicare Catastrophic Coverage Act of 1988 (Section 363(2)(d) of the Code) or "Title I, Part I of Public Law 89-97, as enacted by the Eighty-Ninth Congress of the United States of America and popularly known as the Health Insurance for the Aged Act, as then constituted and any later amendments or substitutes thereof," or words of similar import.

"Medicare Eligible Expenses" shall mean health-care expenses of the kinds covered by Medicare, to the extent recognized as reasonable and medically necessary by Medicare. Payment of benefits by insurers for Medicare-eligible expenses may be conditioned upon the same or less restrictive payment conditions including:--determinations of medical necessity, as are applicable to Medicare claims.

"Mental or Nervous Disorders" shall not be defined more restrictively than a definition including neuroses, psychoneurosis, psychopathy, psychosis or mental or emotional disease or disorder of any kind.

"Nurses" may be defined so that the description of nurse is restricted to a type of nurse, such as registered graduate professional nurse (R-N); or a licensed practical nurse (L-P-N); or a licensed vocational nurse (L-V-N); or if the words "nurse," "trained nurse" or "registered nurse" are used without specific instruction, then the use of such

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terms require the insurer to recognize the services of any individual who qualifies under such terminology in accordance with the applicable statutes or administrative rules of the licensing or registry board of the state.

"Over-Insurance" means "duplication" of insurance to such extent that the combination of the existing insurance and the proposed insurance would substantially exceed any loss reasonably expected to be incurred.

"Physician" may shall not be defined by including words such as "duly qualified physician" or "duly licensed physician."--The use of such terms requires an insurer to recognize and to accept, to the extent of its obligation under the contract, all providers of medical care and treatment when such services are within the scope of the provider's licensed authority and are provided pursuant to applicable laws dealing with physician licensure more restrictively than as defined in the Medicare program.

"Sickness" shall not be defined to be more restrictive than the following: "Sickness means sickness illness or disease of an insured person which first manifests itself after the effective date of insurance and while the insurance is in force." The definition may be further modified to exclude sicknesses or diseases for which benefits are provided under any workers' compensation, occupational disease, employer's liability or similar law.

(Source: Amended at _____ Ill. Reg. _____, effective _____)

Section 208.60 Prohibited Policy Provisions

a) No insurance policy or subscriber contract may be advertised, solicited or issued for delivery in this State as a Medicare supplement policy if such policy or subscriber contract limits or excludes coverage by type of illness, accident, treatment or medical condition, except as follows:

1) foot care in connection with corns, calluses, flat feet, fallen arches, weak feet, chronic foot strain, or symptomatic complaints of the feet;

2) mental or emotional disorders, alcoholism and drug addiction;

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- 3) illness, treatment or medical condition arising out of:
- A) war or act of war (whether declared or undeclared); participation in a felony; riot or insurrections; service in the armed forces or units auxiliary thereto;
- B) suicide (sane or insane); attempted suicide or intentionally self-inflicted injury;
- C) aviation;
- 4) cosmetic surgery, except that "cosmetic surgery" shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part;
- 5) benefits provided under Medicare; any state or federal workers' compensation; employer's liability or occupational disease law; or any motor vehicle no-fault law; services rendered by employees of hospitals, laboratories or other institutions; services performed by a member of the covered person's immediate family and services for which no charges are normally made in the absence of insurance;
- 6) dental care or treatment;
- 7) eye glasses; hearing aids; and examination for the prescription or fitting thereof;
- 8) rest cures; custodial care; transportation and routine physical examinations;
- 9) territorial limitations;
- provided, however, Medicare supplement policies may not contain, when issued, limitations or exclusions of the type enumerated above that are more restrictive than those of Medicare. Medicare supplement policies may exclude coverage for any expense to the extent of any benefit available to the insured under Medicare.

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- a) Except for permitted preexisting condition clauses as described in Section 208.70(a)(1) and Section 208.71(a)(1) of this Part, no policy or certificate may be advertised, solicited or issued for delivery in this State as a Medicare supplement policy if such policy or certificate contains limitations or exclusions on coverage that are more restrictive than those of Medicare.
- b) No Medicare supplement policy or certificate may use waivers to exclude, limit, or reduce coverage or benefits for specifically named or described pre-existing diseases or physical conditions.
- c) The terms "Medicare Supplement"; "Medigap" and words of similar import shall not be used unless the policy complies with this Part:
- dc) No Medicare supplement insurance policy, contract or certificate in force in the State shall contain benefits which duplicate benefits provided by Medicare.
- (Source: Amended at _____ Ill. Reg. _____, effective _____)
- Section 208.61 Benefit Conversion Requirements During Transition (Repealed)
- a) Effective January 1, 1990, no Medicare supplement insurance policy, contract or certificate in force in this State shall contain benefits which duplicate benefits provided by Medicare.
- b) Benefits eliminated by operation of the Medicare Catastrophic Coverage Repeal Act of 1989 (42 U.S.C. § 1305) transition provisions shall be restored.
- c) For Medicare supplement policies subject to the minimum standards adopted by the states pursuant to Medicare Catastrophic Coverage Act of 1988, the minimum benefits shall be:
- i) Coverage of Part A Medicare eligible expenses for hospitalization to the extent not covered by Medicare from the 61st day through the 90th day in any Medicare benefit period;

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- 2) Coverage for either all or none of the Medicare Part-A inpatient hospital deductible amount.
- 3) Coverage of Part-A Medicare-eligible expenses incurred as daily hospital charges during use of Medicare's lifetime hospital inpatient reserve days.
- 4) Upon exhaustion of all Medicare hospital inpatient coverage including the lifetime reserve days, coverage of ninety percent (90%) of all Medicare Part-A eligible expenses for hospitalization not covered by Medicare subject to a lifetime maximum benefit of an additional 365 days.
- 5) Coverage under Medicare Part-A for the reasonable cost of the first three (3) pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations) (42-CFR 409.87(a)-1988; no subsequent dates or editions) unless replaced in accordance with federal regulations (42-CFR 409.87(b)-1988; no subsequent dates or editions) or already paid for under Part-A.
- 6) Coverage for the coinsurance amount of Medicare eligible expenses under Part-B regardless of hospital confinement, subject to a maximum calendar year out-of-pocket amount equal to the Medicare Part-B deductible (42-CFR 409.87(b)-1988; no subsequent dates or editions) or already paid for under Part-A.
- 7) Effective January 1, 1990, coverage under Medicare Part-B for the reasonable cost of the first three (3) pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations) (42-CFR 409.87(b)-1988; no subsequent dates or editions) unless replaced in accordance with federal regulations (42-CFR 409.87(b)-1988; no subsequent dates or editions) or already paid for under Part-A, subject to the Medicare deductible amount.

(Source: Repealed at _____ Ill. Reg. _____, effective _____)

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Section 208.70 Minimum Benefit Standards for Policies or Certificates Issued for Delivery Prior to the Effective Date of this Part

The following standards are applicable to all Medicare supplement policies or certificates delivered or issued for delivery in this State prior to the effective date of this Part. No insurance policy or subscriber contract certificate may be advertised, solicited or issued for delivery in this State as a Medicare supplement policy or certificate which does not meet unless it meets or exceeds the following minimum standards. These are minimum standards and do not preclude the inclusion of other provisions or benefits which are not inconsistent with these standards.

a) General Standards.

The following standards apply to Medicare supplement policies and certificates and are in addition to all other requirements of this Part.

- 1) A Medicare supplement policy or certificate may shall not deny a claim exclude or limit benefits for losses incurred more than six (6) months from the effective date of coverage for because it involved a pre-existing condition. The policy or certificate may shall not define a pre-existing condition more restrictively than a condition for which medical advice was given or treatment was recommended by or received from a physician within six (6) months before the effective date of coverage.
- 2) A Medicare supplement policy or certificate may shall not indemnify against losses resulting from sickness on a different basis than losses resulting from accidents.
- 3) A Medicare supplement policy or certificate shall provide that benefits designed to cover cost sharing amounts under Medicare will be changed automatically to coincide with any changes in the applicable Medicare deductible amount and copayment percentage factors. Premiums may be modified to correspond with such changes.

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- 4) A "noncancellable," "guaranteed renewable," or "noncancellable and guaranteed renewable" Medicare supplement policy shall not:
 - A) provide for termination of coverage of a spouse solely because of the occurrence of an event specified for termination of coverage of the insured, other than the nonpayment of premium, or
 - B) be cancelled or nonrenewed by the insurer issuer solely on the grounds of deterioration of health;
- 5) An insurer shall:
 - A) Except as authorized by the Commissioner Director of Insurance for this State, an insurer issuer shall neither cancel nor nonrenew a Medicare supplement policy or certificate for any reason other than nonpayment of premium or material misrepresentation.
 - B) If a group Medicare supplement insurance policy is terminated by the group policyholder and not replaced as provided in subsection (5)(D) below, the insurer issuer shall offer certificate holders an individual Medicare supplement policy. The insurer issuer shall offer the certificate holder at least the following choices:
 - (i) an individual Medicare supplement policy which provides for continuation of the benefits contained in the group policy; and currently offered by the issuer having comparable benefits to those contained in the terminated group Medicare supplement policy; and
 - (ii) an individual Medicare supplement policy which provides only such benefits as are required to meet the minimum standards as defined in Section 208.70(b) of this Part.
 - C) If a membership in a group is terminated, the insurer issuer shall:

- (i) offer the certificateholder such conversion opportunities as are described in Paragraph (b) subsection (5)(B) above; or
- (ii) at the option of the group policyholder, offer the certificateholder continuation of coverage under the group policy.
- D) If a group Medicare supplement policy is replaced by another group Medicare supplement policy purchased by the same policyholder, the succeeding insurer issuer shall offer coverage to all persons covered under the old group policy on its date of termination. Coverage under the new group policy shall not result in any exclusion for preexisting conditions that would have been covered under the group policy being replaced.
- 6) Termination of a Medicare supplement policy or certificate shall be without prejudice to any continuous loss which commenced while the policy was in force, but the extension of benefits beyond the period the policy was in force may be predicated upon the continuous total disability of the insured, limited to the duration of the policy benefit period, if any, or to payment of the maximum benefits.
- b) Minimum Benefit Standards.
 - 1) Coverage of Part A Medicare eligible expenses for hospitalization to the extent not covered by Medicare from the 61st day through the 90th day in any Medicare benefit period;
 - 2) Coverage for either all or none of the Medicare Part A inpatient hospital deductible amount;
 - 3) Coverage of Part A Medicare eligible expenses incurred as daily hospital charges during use of Medicare's lifetime hospital inpatient reserve days;
 - 4) Upon exhaustion of all Medicare hospital inpatient coverage including the lifetime reserve days, coverage of ninety percent (90%) of all Medicare

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Part A eligible expenses for hospitalization not covered by Medicare subject to a lifetime maximum benefit of an additional 365 days;

- 5) Coverage under Medicare Part A for the reasonable cost of the first three (3) pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations) unless replaced in accordance with federal regulations or already paid for under Part B;
- 6) Coverage for the coinsurance amount of Medicare eligible expenses under Part B regardless of hospital confinement, subject to a maximum calendar year out-of-pocket amount equal to the Medicare Part B deductible [\$75100] maximum benefit.
- 7) Effective January 1, 1990, coverage under Medicare Part B for the reasonable cost of the first three (3) pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations) (42 CFR 409.87(a) 1988, no subsequent dates or editions) unless replaced in accordance with federal regulations (42 CFR 209.87(b) 1988, no subsequent dates or editions) or already paid for under Part A, subject to the Medicare deductible amount.

c) Medicare-Eligible-Expenses-

Medicare-eligible-expenses-shall-mean-health-care expenses-of-the-kinds-covered-by-Medicare,-to-the extent-recognized-as-reasonable-by-Medicare---Payment of-benefits-by-insurers-for-Medicare-eligible-expenses may-be-conditioned-upon-the-same-or-less-restrictive payment-conditions,-including-determinations-of-medical necessity-as-are-applicable-to-Medicare-claims-

(Source: Amended at _____ Ill. Reg. _____, effective _____)

Section 2008.71 Standards-for-Claims-Payment Benefit Standards for Policies or Certificates Issued or Delivered on or after the Effective Date of this Part

The following standards are applicable to all Medicare supplement policies or certificates delivered or issued for delivery

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In this State on or after the effective date of this Part. No policy or certificate may be advertised, solicited, delivered or issued for delivery in this State as a Medicare supplement policy or certificate unless it complies with these benefit standards.

a) General Standards

The following standards apply to Medicare supplement policies and certificates and are in addition to all other requirements of this Part.

- 1) A Medicare supplement policy or certificate shall not exclude or limit benefits for losses incurred more than six (6) months from the effective date of coverage because it involved a pre-existing condition. The policy or certificate may not define a preexisting condition more restrictively than a condition for which medical advice was given or treatment was recommended by or received from a physician within six (6) months before the effective date of coverage.
- 2) A Medicare supplement policy or certificate shall not indemnify against losses resulting from sickness on a different basis than losses resulting from accidents.
- 3) A Medicare supplement policy or certificate shall provide that benefits designed to cover cost sharing amounts under Medicare will be changed automatically to coincide with any changes in the applicable Medicare deductible amount and copayment percentage factors. Premiums may be modified to correspond with such changes.
- 4) No Medicare supplement policy or certificate shall provide for termination of coverage of a spouse solely because of the occurrence of an event specified for termination of coverage of the insured, other than the nonpayment of premium.
- 5) Each Medicare supplement policy shall be guaranteed renewable; and

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- A) The issuer shall not cancel or nonrenew the policy solely on the ground of health status of the individual; and
- B) The issuer shall not cancel or nonrenew the policy for any reason other than nonpayment of premium or material misrepresentation.
- C) If the Medicare supplement policy is terminated by the group policyholder and is not replaced as provided under Section 2008.71(a)(5)(E), the issuer shall offer certificateholders an individual Medicare supplement policy which (at the option of the certificateholder)
- (i) Provides for continuation of the benefits contained in the group policy, or
- (ii) Provides for such benefits as otherwise meets the requirements of this subsection.
- D) If an individual is a certificateholder in a group Medicare supplement policy and the individual terminates membership in the group, the issuer shall:
- (i) Offer the certificateholder the conversion opportunity described in Section 2008.71(a)(5)(C), or
- (ii) At the option of the group policyholder, offer the certificateholder continuation of coverage under the group policy.
- E) If a group Medicare supplement policy is replaced by another group Medicare supplement policy purchased by the same policyholder, the succeeding issuer shall offer coverage to all persons covered under the old group policy on its date of termination. Coverage under the new policy shall not result in any exclusion for preexisting conditions that would have been covered under the group policy being replaced.
- 6) Termination of a Medicare supplement policy or certificate shall be without prejudice to any continuous loss which commenced while the policy

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- was in force, but the extension of benefits beyond the period during which the policy was in force may be conditioned upon the continuous total disability of the insured, limited to the duration of the policy benefit period, if any, or payment of the maximum benefits.
- 7) A Medicare supplement policy or certificate shall provide:
- A) That benefits and premiums under the policy or certificate shall be suspended at the request of the policyholder or certificateholder for the period (not to exceed twenty-four (24) months) in which the policyholder or certificateholder has applied for and is determined to be entitled to medical assistance under Title XIX of the Social Security Act, but only if the policyholder or certificateholder notifies the issuer of such policy or certificate within ninety (90) days after the date the individual becomes entitled to such assistance. Upon receipt of notice, the issuer shall return to the policyholder or certificateholder that portion of the premium attributable to the period of Medical eligibility, subject to adjustment for paid claims.
- B) If such suspension occurs and if the policyholder or certificateholder loses entitlement to such medical assistance, such policy or certificate shall be automatically reinstated (effective as of the date of termination of such entitlement) as of the termination of such entitlement if the policyholder or certificateholder provides notice of loss of such entitlement within ninety (90) days after the date of such loss and pays the premium attributable to the period, effective as of the date of termination of such entitlement.
- C) Reinstitution of such coverages:
- (i) Shall not provide for any waiting period with respect to treatment of preexisting conditions;

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(ii) Shall provide for coverage which is substantially equivalent to coverage in effect before the date of such suspension; and

(iii) Shall provide for classification of premiums on terms at least as favorable to the policyholder or certificateholder as the premium classification terms that would have applied to the policyholder or certificateholder had the coverage not been suspended.

b) Standards for Basic ("Core") Benefits Common to All Benefit Plans

Every issuer shall make available a policy or certificate including only the following basic "core" package of benefits to each prospective insured. An issuer may make available to prospective insureds any of the other Medicare Supplement Insurance Benefit Plans in addition to the basic "core" package, but not in lieu thereof.

- 1) Coverage of Part A Medicare Eligible Expenses for hospitalization to the extent not covered by Medicare from the 61st day through the 90th day in any Medicare benefit period;
- 2) Coverage of Part A Medicare Eligible Expenses incurred for hospitalization to the extent not covered by Medicare for each Medicare lifetime inpatient reserve day used;
- 3) Upon exhaustion of the Medicare hospital inpatient coverage including the lifetime reserve days, coverage of the Medicare Part A eligible expenses for hospitalization paid at the Diagnostic Related Group (DRG) day outlier per diem or other appropriate standard of payment, subject to a lifetime maximum benefit of an additional 365 days;
- 4) Coverage under Medicare Parts A and B for the reasonable cost of the first three (3) pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations) unless replaced in accordance with federal regulations;

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- 5) Coverage for the coinsurance amount of Medicare Eligible Expenses under Part B regardless of hospital confinement, subject to the Medicare Part B deductible.

c) Standards for Additional Benefits

The following additional benefits shall be included in Medicare Supplement Benefit Plans "B" through "J" only as provided by Section 208.72 of this Part.

- 1) Medicare Part A Deductible: Coverage for all of the Medicare Part A inpatient hospital deductible amount per benefit period.
- 2) Skilled Nursing Facility Care: Coverage for the actual billed charges up to the coinsurance amount from the 21st day through the 100th day in a Medicare benefit period for posthospital skilled nursing facility care eligible under Medicare Part A.
- 3) Medicare Part B Deductible: Coverage for all of the Medicare Part B deductible amount per calendar year regardless of hospital confinement.
- 4) Eighty Percent (80%) of the Medicare Part B Excess Charges: Coverage for eighty percent (80%) of the difference between the actual Medicare Part B charge as billed, not to exceed any charge limitation established by the Medicare program or state law, and the Medicare-approved Part B charge.
- 5) One Hundred Percent (100%) of the Medicare Part B Excess Charges: Coverage for all of the difference between the actual Medicare Part B charge as billed, not to exceed any charge limitation established by the Medicare program or state law, and the Medicare-approved Part B charge.
- 6) Basic Outpatient Prescription Drug Benefit: Coverage for fifty percent (50%) of outpatient prescription drug charges, after a two hundred fifty dollar (\$250) calendar year deductible, to a maximum of one thousand two hundred fifty dollars (\$1,250) in benefits received by the insured per calendar year, to the extent not covered by Medicare.

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- 7) Extended Outpatient Prescription Drug Benefit: Coverage for fifty percent (50%) of outpatient prescription drug charges, after a two hundred fifty dollar (\$250) calendar year deductible to a maximum of three thousand dollars (\$3,000) in benefits received by the insured per calendar year, to the extent not covered by Medicare.
- 8) Medically Necessary Emergency Care in a Foreign Country: Coverage to the extent not covered by Medicare for eighty percent (80%) of the billed charges for Medicare-eligible expenses for medical-ly necessary emergency hospital, physician and medical care received in a foreign country, which care would have been covered by Medicare if provided in the United States and which care began during the first sixty (60) consecutive days of each trip outside the United States, subject to a calendar year deductible of two hundred fifty dollars (\$250), and a lifetime maximum benefit of fifty thousand dollars (\$50,000). For purposes of this benefit, "emergency care" shall mean care needed immediately because of an injury or illness of sudden and unexpected onset.
- 9) Preventive Medical Care Benefit: Coverage for the following preventive health services:

- A) An annual clinical preventive medical history and physical examination that may include tests and services from subsection (B) below and patient education to address preventive health care measures.
- B) Any one or a combination of the following preventive screening tests or preventive services, the frequency of which is considered medically appropriate:
- (i) Fecal occult blood test and/or digital rectal examination;
 - (ii) Mammogram;
 - (iii) Dipstick urinalysis for hematuria, bacteriuria and proteinuria;

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- (iv) Pure tone (air only) hearing screening test, administered or ordered by a physician;
- (v) Serum cholesterol screening (every five (5) years);
- (vi) Thyroid function test;
- (vii) Diabetes screening.
- C) Influenza vaccine administered at any appropriate time during the year and Tetanus and Diphtheria booster (every ten (10) years).
- D) Any other tests or preventive measures determined appropriate by the attending physician.
- E) Reimbursement shall be for the actual charges up to one hundred (100) percent of the Medicare-approved amount for each service, as if Medicare were to cover the service as identified in American Medical Association Current Procedural Terminology (AMA CPT) codes, to a maximum of one hundred twenty dollars (\$120) annually under this benefit. This benefit shall not include payment for any procedure covered by Medicare.
- 10) At-Home Recovery Benefit: Coverage for services to provide short term, at-home assistance with activities of daily living for those recovering from an illness, injury or surgery.
- A) For purposes of this benefit, the following definitions shall apply:
- (i) "Activities of daily living" include, but are not limited to bathing, dressing, personal hygiene, transferring, eating, ambulating, assistance with drugs that are normally self-administered, and changing bandages or other dressings.
 - (ii) "Care provider" means an individual employed by an organization that is a Medicare certified home health agency, and is

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accredited through a national accrediting organization such as the Joint Commission on Accreditation of Health Organizations (JCAHO), or the National League for Nursing (NLN), or the National Home Care Council (NHCC), and is licensed where state law requires.

(iii) "Home" shall mean any place used by the insured as a place of residence, provided that such place would qualify as a residence for home health care services covered by Medicare. A hospital or skilled nursing facility shall not be considered the insured's place of residence.

(iv) "At-home recovery visit" means the period of a visit required to provide at home recovery care, without limit on the duration of the visit, except each consecutive 4 hours in a 24-hour period of services provided by a care provider is one visit.

B) Coverage Requirements and Limitations

(i) At-home recovery services provided must be primarily services which assist in activities of daily living.

(ii) The insured's attending physician must certify that the specific type and frequency of at-home recovery services are necessary because of a condition for which a home care plan of treatment was approved by Medicare.

(iii) Coverage is limited to:

(I) No more than the number and type of at-home recovery visits certified as necessary by the insured's attending physician. The total number of at-home recovery visits shall not exceed the number of Medicare approved home health care visits under a Medicare approved Home Care Plan of Treatment.

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(II) The actual charges for each visit up to a maximum reimbursement of forty dollars (\$40) per visit.

(III) One thousand six hundred dollars (\$1,600) per calendar year.

(IV) Seven (7) visits in any one week.

(V) Care furnished on a visiting basis in the insured's home.

(VI) Services provided by a care provider as defined in this Section.

(VII) At-home recovery visits while the insured is covered under the policy or certificate and not otherwise excluded.

(VIII) At-home recovery visits received during the period the insured is receiving Medicare approved home care services or no more than eight (8) weeks after the service date of the last Medicare approved home health care visit.

C) Coverage is excluded for:

(i) Home care visits paid for by Medicare or other government programs; and

(ii) Care provided by family members, unpaid volunteers or providers who are not care providers.

11) New or Innovative Benefits: An issuer may, with the prior approval of the Director, offer policies or certificates with new or innovative benefits in addition to the benefits provided in a policy or certificate that otherwise complies with the applicable standards. Such new or innovative benefits may include benefits that are appropriate to Medicare supplement insurance, new or innovative, not otherwise available, cost-effective, and offered in a manner which is consistent with the goal of simplification of Medicare supplement policies.

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(Source: Section 208.71 renumbered to Section 208.75, new Section 208.71 adopted at Ill. Reg. _____, effective _____)

Section 208.72 Standard Medicare Supplement Benefit Plans

- a) An issuer shall make available to each prospective policyholder and certificateholder a policy form or certificate form containing only the basic "core" benefits, as defined in Section 208.71 of this Part.
- b) No groups, packages or combinations of Medicare supplement benefits other than those listed in this Section shall be offered for sale in this State, except as may be permitted in Section 208.71(c)(11) and in Section 208.73 of this Part.
- c) Benefit plans shall be uniform in structure, language, designation and format to the standard benefit plans listed in Appendix B and conform to the definitions in Section 208.40 of this Part. Each benefit shall be structured in accordance with the format provided in Sections 208.71 (b) and (c) and list the benefits in the order shown in Appendix B. For purposes of this Section, "structure, language, and format" means style, arrangement and overall content of a benefit.
- d) An issuer may use, in addition to the benefit plan designations required in subsection (c) above, other designations to the extent permitted by law.
- e) Make-up of benefit plans:

- 1) Standardized Medicare supplement benefit plan "A" shall be limited to the Basic ("Core") Benefits Common to all Benefit Plans, as defined in Section 208.71(b) of this Part.
- 2) Standardized Medicare supplement benefit plan "B" shall include only the following: The Core Benefit as defined in Section 208.71(b) of this Part, plus the Medicare Part A Deductible as defined in Section 208.71(c)(1).
- 3) Standardized Medicare supplement benefit plan "C" shall include only the following: The Core Benefit as defined in Section 208.71(b) of this Part, plus

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the Medicare Part A Deductible, Skilled Nursing Facility Care, Medicare Part B Deductible and Medically Necessary Emergency Care in a Foreign Country as defined in Sections 208.71(c)(1), (2), (3) and (8) respectively.

- 4) Standardized Medicare supplement benefit plan "D" shall include only the following: The Core Benefit as defined in Section 208.71(b) of this Part, plus the Medicare Part A Deductible, Skilled Nursing Facility Care, Medically Necessary Emergency Care in a Foreign Country and the At-Home Recovery Benefit as defined in Sections 208.71(c)(1), (2), (8) and (10) respectively.
- 5) Standardized Medicare supplement benefit plan "E" shall include only the following: The Core Benefit as defined in Section 208.71(b) of this Part, plus the Medicare Part A Deductible, Skilled Nursing Facility Care, Medically Necessary Emergency Care in a Foreign Country and Preventive Medical Care as defined in Sections 208.71(c)(1), (2), (8) and (9) respectively.
- 6) Standardized Medicare supplement benefit plan "F" shall include only the following: The Core Benefit as defined in Section 208.71(b) of this Part, plus the Medicare Part A Deductible, the Skilled Nursing Facility Care, the Part B Deductible, One Hundred Percent (100%) of the Medicare Part B Excess Charges, and Medically Necessary Emergency Care in a Foreign Country as defined in Sections 208.71(c)(1), (2), (3), (5) and (8) respectively.
- 7) Standardized Medicare supplement benefit plan "G" shall include only the following: The Core Benefit as defined in Section 208.71(b) of this Part, plus the Medicare Part A Deductible, Skilled Nursing Facility Care, Eighty Percent (80%) of the Medicare Part B Excess Charges, Medically Necessary Emergency Care in a Foreign Country, and the At-Home Recovery Benefit as defined in Sections 208.71(c)(1), (2), (4), (8) and (10) respectively.
- 8) Standardized Medicare supplement benefit plan "H" shall consist of only the following: The Core Benefit as defined in Section 208.71(b) of this

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Part, plus the Medicare Part A Deductible, Skilled Nursing Facility Care, Basic Prescription Drug Benefit and Medically Necessary Emergency Care in a Foreign Country as defined in Sections 2008.71(c)(1), (2), (6) and (8) respectively.

- 9) Standardized Medicare supplement benefit plan "I" shall consist of only the following: The Core Benefit as defined in Section 2008.71(b) of this Part, plus the Medicare Part A Deductible, Skilled Nursing Facility Care, One Hundred Percent (100%) of the Medicare Part B Excess Charges, Basic Prescription Drug Benefit, Medically Necessary Emergency Care in a Foreign Country and At-Home Recovery Benefit as defined in Sections 2008.71(c)(1), (2), (5), (6), (8) and (10) respectively.

- 10) Standardized Medicare supplement benefit plan "J" shall consist of only the following: The Core Benefit as defined in Section 2008.71(b) of this Part, plus the Medicare Part A Deductible, Skilled Nursing Facility Care, Medicare Part B Deductible, One Hundred Percent (100%) of the Medicare Part B Excess Charges, Extended Prescription Drug Benefit, Medically Necessary Emergency Care in a Foreign Country, Preventive Medical Care and At-Home Recovery Benefit as defined in Sections 2008.71(c)(1), (2), (3), (5), (7), (8), (9) and (10) respectively.

(Source: Added at _____ Ill. Reg. _____, effective _____)

Section 2008.73 Medicare Select Policies and Certificates

- a) This Section shall apply to Medicare Select policies and certificates, as defined in this Section. No policy or certificate may be advertised as a Medicare Select policy or certificate unless it meets the requirements of this Section.
- b) For the purposes of this Section:
- 1) "Complaint" means any dissatisfaction expressed by an individual concerning a Medicare Select issuer or its network providers.

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- 2) "Grievance" means dissatisfaction expressed in writing by an individual insured under a Medicare Select policy or certificate with the administration, claims practices, or provision of services concerning a Medicare Select issuer or its network providers.
- 3) "Medicare Select issuer" means an issuer offering, or seeking to offer, a Medicare Select policy or certificate.
- 4) "Medicare Select policy" or "Medicare Select certificate" mean respectively a Medicare supplement policy or certificate that contains restricted network provisions.
- 5) "Network provider" means a provider of health care, or a group of providers of health care, which has entered into a written agreement with the issuer to provide benefits insured under a Medicare Select policy.
- 6) "Restricted network provision" means any provision which conditions the payment of benefits, in whole or in part, or the use of network providers.
- 7) "Service area" means the geographic area approved by the Director within which an issuer is authorized to offer a Medicare Select policy.
- c) The Director of Insurance may authorize an issuer to offer a Medicare Select policy or certificate, pursuant to this Section and Section 4358 of the Omnibus Budget Reconciliation Act (OBRA) of 1990 if the Director finds that the issuer has satisfied all of the requirements of this Part.
- d) A Medicare Select issuer shall not issue a Medicare Select policy or certificate in this State until its plan of operation has been approved by the Director of Insurance.
- e) A Medicare Select issuer shall file a proposed plan of operation with the Director of Insurance in a format prescribed by the Director. The plan of operation shall contain at least the following information:

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- 1) Evidence that all covered services that are subject to restricted network provisions are available and accessible through network providers, including a demonstration that:

- A) Such services can be provided by network providers with reasonable promptness with respect to geographic location, hours of operation and after-hour care. The hours of operation and availability of after-hour care shall reflect usual practice in the local area. Geographic availability shall reflect the usual travel times within the community.
- B) The number of network providers in the service area is sufficient, with respect to current and expected policyholders, either:
 - (i) To deliver adequately all services that are subject to a restricted network provision; or
 - (ii) To make appropriate referrals.
- C) There are written agreements with network providers describing specific responsibilities.
- D) Emergency care is available twenty-four (24) hours per day and seven (7) days per week.
- E) In the case of covered services that are subject to a restricted network provision and are provided on a prepaid basis, there are written agreements with network providers prohibiting such providers from billing or otherwise seeking reimbursement from or recourse against any individual insured under a Medicare Select policy or certificate. This subsection shall not apply to supplemental charges or coinsurance amounts as stated in the Medicare Select policy or certificate.
- 2) A statement or map providing a clear description of the service area.
- 3) A description of the grievance procedure to be utilized.

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- 4) A description of the quality assurance program, including:
 - A) The formal organizational structure;
 - B) The written criteria for selection, retention and removal of network providers; and
 - C) The procedures for evaluating quality of care provided by network providers, and the process to initiate corrective action when warranted.
- 5) A list and description, by specialty, of the network providers.
- 6) Copies of the written information proposed to be used by the issuer to comply with subsection (i) hereunder.
- 7) Any other information requested by the Director of Insurance.
- f) A Medicare Select issuer shall:
 - 1) File any proposed changes to the plan of operation, except for changes to the list of network providers, with the Director prior to implementing such changes. Such changes shall be considered approved by the Director after thirty (30) days unless specifically disapproved.
 - 2) An updated list of network providers shall be filed with the Director of Insurance at least quarterly.
- g) A Medicare Select policy or certificate shall not restrict payment for covered services provided by non-network providers if:
 - 1) The services are for symptoms requiring emergency care or are immediately required for an unforeseen illness, injury or a condition; and
 - 2) It is not reasonable to obtain such services through a network provider.
- h) A Medicare Select policy or certificate shall provide payment for full coverage under the policy for covered

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services that are not available through network providers.

- 1) A Medicare Select issuer shall make full and fair disclosure in writing of the provisions, restrictions, and limitations of the Medicare Select policy or certificate to each applicant. This disclosure shall include at least the following:
 - 1) An outline of coverage sufficient to permit the applicant to compare the coverage and premiums of the Medicare Select policy or certificate with:
 - A) Other Medicare supplement policies or certificates offered by the issuer; and
 - B) Other Medicare Select policies or certificates.
 - 2) A description (including address, phone number and hours of operation) of the network providers, including primary care physicians, specialty physicians, hospitals, and other providers.
 - 3) A description of the restricted network provisions, including payments for coinsurance and deductibles when providers other than network providers are utilized.
 - 4) A description of coverage for emergency and urgently needed care and other out of service area coverage.
 - 5) A description of limitations on referrals to restricted network providers and to other providers.
 - 6) A description of the policyholder's rights of purchase any other Medicare supplement policy or certificate otherwise offered by the issuer.
 - 7) A description of the Medicare Select issuer's quality assurance program and grievance procedure.
- j) Prior to the sale of a Medicare Select policy or certificate, a Medicare Select issuer shall obtain from the applicant a signed and dated form stating that the applicant has received the information provided pursuant to subsection (i) above and that the applicant

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understands the restrictions of the Medicare Select policy or certificate.

- k) A Medicare Select issuer shall have and use procedures for hearing complaints and resolving written grievances from the subscribers. Such procedures shall be aimed at mutual agreement for settlement and may include arbitration procedures.
 - 1) The grievance procedure shall be described in the policy and certificates and in the outline of coverage.
 - 2) At the time the policy or certificate is issued, the issuer shall provide detailed information to the policyholder describing how a grievance may be registered with the issuer.
 - 3) Grievances shall be considered in a timely manner and shall be transmitted to decision-makers who have authority to investigate the issue and take corrective action.
 - 4) If a grievance is found to be valid, corrective action shall be taken promptly.
 - 5) All concerned parties shall be notified about the results of a grievance.
 - 6) The issuer shall report no later than each March 31st to the Director of Insurance regarding its grievance procedure. The report shall be in a format prescribed by the Director and shall contain the number of grievances filed in the past year and a summary of the subject, nature and resolution of such grievances.
- l) At the time of initial purchase, a Medicare Select issuer shall make available to each applicant for a Medicare Select policy or certificate the opportunity to purchase any Medicare supplement policy or certificate otherwise offered by the issuer.
- m) At the request of an individual insured under a Medicare Select policy or certificate, a Medicare Select issuer shall make available to the individual insured the opportunity to purchase a Medicare supplement

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policy or certificate offered by the issuer which has comparable or lesser benefits and which does not contain a restricted network provision. The issuer shall make such policies or certificates available without requiring evidence of insurability after the Medicare supplement policy or certificate has been in force for six (6) months.

- 1) For the purposes of this subsection, a Medicare supplement policy or certificate will be considered to have "comparable or lesser" benefits unless it contains one or more significant benefits not included in the Medicare Select policy or certificate being replaced.
- 2) For the purposes of this subsection, a "significant benefit" means coverage for the Medicare Part A deductible, coverage for prescription drugs, coverage for at-home recovery services or coverage for Part B excess charges.
- n) Medicare Select policies and certificates shall provide for continuation of coverage in the event the Secretary of Health and Human Services determines that Medicare Select policies and certificates issued pursuant to this Section should be discontinued due to either the failure of the Medicare Select Program to be reauthorized under law or its substantial amendment.

- 1) Each Medicare Select issuer shall make available to each individual insured under a Medicare Select policy or certificate the opportunity to purchase any Medicare supplement policy or certificate offered by the issuer which has comparable or lesser benefits and which does not contain a restricted network provision. The issuer shall make such policies and certificates available without requiring evidence of insurability.

- 2) For the purposes of this subsection, a Medicare supplement policy or certificate will be considered to have "comparable or lesser" benefits unless it contains one or more significant benefits not included in the Medicare Select policy or certificate being replaced. For the purposes of this subsection, a "significant benefit" means coverage for the Medicare Part A deductible, coverage for

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prescription drugs, coverage for at-home recovery services or coverage for Part B excess charges.

- o) A Medicare Select issuer shall comply with requests for data made by state or federal agencies, including the United States Department of Health and Human Services, for the purpose of evaluating the Medicare Select Program.

(Source: Added at _____ Ill. Reg. _____, effective _____)

Section 2008.74 Open Enrollment

- a) Pursuant to Section 4357 of the Omnibus Budget Reconciliation Act (OBRA) of 1990, the requirements of subsection (a) and (b) are effective November 5, 1991. No issuer shall deny or condition the issuance or effectiveness of any Medicare supplement policy or certificate available for sale in this State, nor discriminate in the pricing of such a policy or certificate because of the health status, claims experience, receipt of health care, or medical condition of an applicant where an application for such policy or certificate is submitted during the six (6) month period beginning with the first month in which an individual (who is 65 years of age or older) first enrolled for benefits under Medicare Part B. Each Medicare supplement policy and certificates currently available from an insurer shall be made available to all applicants who qualify under this subsection without regard to age.

- b) Subsection (a) shall not be construed as preventing the exclusion of benefits under a policy, during the first six (6) months, based on a preexisting condition for which the policyholder or certificateholder received treatment or was otherwise diagnosed during the six (6) months before it became effective.

(Source: Added at _____ Ill. Reg. _____, effective _____)

Section 2008.71 2008.75 Standards for Claims Payment

- a) Every entity providing Medicare supplement policies or contracts An issuer shall comply with all provisions of

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Section 4081.1882(c)(3) of the Social Security Act (as enacted by Section 4081(b)(2)(C) of the Omnibus Budget Reconciliation Act of 1987 (OBRA) (P.L.100-203)) - by:

- 1) Accepting a notice from a Medicare carrier on dually assigned claims submitted by participating physicians and suppliers as a claim for benefits in place of any other claim form otherwise required and making a payment determination on the basis of the information contained in that notice;
- 2) Notifying the participating physician or supplier and the beneficiary of the payment determination;
- 3) Paying the participating physician or supplier directly;
- 4) Furnishing, at the time of enrollment, each enrollee with a card listing the policy name, number, and a central mailing address to which notices from a Medicare carrier may be sent;
- 5) Paying user fees for claim notices that are transmitted electronically or otherwise; and
- 6) Providing to the Secretary of Health and Human Services, at least annually, a central mailing address to which all claims may be sent by Medicare carriers.

b) Compliance with the requirements set forth in subsection (a) above must shall be certified on the Medicare supplement insurance experience reporting form.

c) Every insurer, health care plan and other entity providing Medicare supplement insurance shall provide each policyholder, certificate holder, contract holder or enrollee at the time coverage is indicated, a card listing the policy, certificate or contract name and number and a single mailing address to which notices under Section 1842(h)(3)(B) of the Social Security Act (42 U.S.C. 1395u(h)(3)(B)) respecting coverage are to be sent.

d) As an addition to the Medicare Supplement Insurance Experience Reporting Form, every insurer, health care service plan or other entity providing Medicare

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supplement coverage in this state shall file with the Department a list of its Medicare supplement policy forms, certificates or contracts offered or issued and outstanding in this state as of the end of the previous calendar year.

1) The list shall identify the filing insurer or other entity name address and phone number; shall identify each policy form; certificate or contract by name and form number; and shall differentiate between policy forms, certificates and contracts filed with and approved by the Director in years prior to the previous calendar year, and those filed and approved in the previous calendar year.

2) Policy forms, certificates and contracts which are issued and outstanding in this state but are no longer offered for sale shall be specifically identified, as shall any policy forms, certificates or contracts which, for any reason, were not filed with and approved by the Director.

3) The list shall include identification of any policy form, certificate or contract for which the Director's approval was withdrawn within the previous calendar year.

e) The Director shall, at least annually, provide the Secretary of Health and Human Services with a list containing the information required to be submitted by this section, which has been received by the Director and identifies each insurer, health care plan or other entity by name and address.

(Source: Section 208.75 renumbered from Section 208.71 and amended at Ill. Reg. _____, effective _____)

Section 208.80 Loss Ratio Standards and Refund or Credit of Premium

a) Pursuant to Section 4355 of the Omnibus Budget Reconciliation Act (OBRA) of 1990 (P.L. 101-508) and Section 363a of P.A. 87-0671 the requirements of this subsection are effective November 5, 1991. A Medicare supplement policy shall return to policyholders in the form of aggregate benefits under the policy, policy

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form or certificate form shall not be delivered or issued for delivery unless the policy form or certificate form can be expected, as estimated for the entire period for which rates are computed to provide coverage, to return to policyholders and certificateholders in the form of aggregate benefits (not including anticipated refunds or credits) provided under the policy form or certificate form: on the basis of incurred claims experience or incurred health care expenses, as appropriate, and earned premiums for such period and in accordance with accepted actuarial principles and practices:

- 1) At least 75% of the aggregate amount of premiums earned in the case of group policies; and or
- 2) At least 60% 65% of the aggregate amount of premiums earned in the case of individual policies and at least 65% of the aggregate amount of premiums earned in the case of sponsored group policies in which coverage is marketed on an individual basis by direct response to eligible individuals in that group only.
- 3) All filings of rates and rating schedules shall demonstrate that actual and expected losses claims in relation to premiums comply with the requirements of this Section when combined with actual experience to date. Filings of rate revisions shall also demonstrate that the anticipated loss ratio over the entire future period for which the revised rates are computed to provide coverage can be expected to meet the appropriate loss ratio standards.

- 4) Every entity providing Medicare supplement policies in this State shall file annually its rates, rating schedule and supporting documentation including rates of incurred losses to earned premiums by number of years of policy duration demonstrating that it is in compliance with the foregoing applicable loss ratio standards and that the period for which the policy is rated is reasonable in accordance with accepted actuarial principles and experience. For purposes of applying subsection (a) of this Section and Section 208.81(c)(2), policies issued as a result of solicitations of individuals

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through the mails or by mass media advertising (including both print and broadcast advertising) shall be deemed to be individual policies.

- b) For the purposes of this Section, policy forms shall be deemed to comply with the loss ratio standards if, for the most recent year, the ratio of the incurred losses to earned premiums for policies or certificates which have been in force for three years or more is greater than or equal to the applicable percentages contained in this Section; and the expected losses in relation to premiums over the entire period for which the policy is rated comply with the requirements of this Section. An expected third year loss ratio which is greater than or equal to the applicable percentage shall be demonstrated for policies or certificates in force less than three years.

b) Refund or Credit Calculation

- 1) An issuer shall collect and file with the Director by May 31 of each year the data contained in Appendix D for each type in a standard Medicare supplement benefit plan.
- 2) If on the basis of the experience as reported the benchmark ratio since inception (ratio 1) exceeds the adjusted experience ratio since inception (ratio 3), then a refund or credit calculation is required. The refund calculation shall be done on a statewide basis for each type in a standard Medicare supplement benefit plan. For purposes of the refund or credit calculation, experience on policies issued within the reporting year shall be excluded.
- 3) A refund or credit shall be made only when the benchmark loss ratio exceeds the adjusted experience loss ratio and the amount to be refunded or credited exceeds a de minimis level. Such refund shall include interest from the end of the calendar year to the date of the refund or credit at a rate specified by the Secretary of Health and Human Services, but in no event shall it be less than the average rate of interest for 13-week Treasury notes. A refund or credit against premiums due

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shall be made by September 30 following the expiration year upon which the refund or credit is based.

c) Annual Filing of Premium Rates

An issuer of Medicare supplement policies and certificates issued in this State before or after the effective date of this Part shall file annually its rates, rating schedule and supporting documentation including ratios of incurred losses to earned premiums by policy duration for approval by the Director in accordance with the filing requirements and procedures prescribed by the Director. The supporting documentation shall also demonstrate in accordance with actuarial standards of practice using reasonable assumptions that the appropriate loss ratio standards can be expected to be met over the entire period for which rates are computed. Such demonstration shall exclude active life reserves. An expected third-year loss ratio which is greater than or equal to the applicable percentage shall be demonstrated for policies or certificates in force less than three (3) years.

e)d)

As soon as practicable, but prior to the effective date of enhancements in Medicare benefit-changes, benefits every insurer, health-care-service-plan-or-other-entity providing issuer of Medicare supplement insurance-or-contracts policies or certificates in this State, shall file with the Department:

- 1) Appropriate premium adjustments necessary to produce loss ratios as originally anticipated for the current premium for the applicable policies or contracts certificates. Such supporting documents as necessary to justify the adjustment shall accompany the filing, and.
- 2) Every insurer, health-care-service-plan-or-other entity providing Medicare supplement insurance-or-benefits to a resident of this State pursuant to Section 363 of the Code An issuer shall make such premium adjustments as are necessary to produce an expected loss ratio under such policy or contract certificate as will conform with minimum loss ratio standards for Medicare supplement policies and which are expected to result in a loss ratio at least as great as that originally anticipated in

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the rates used to produce current premiums by the insurer, health-care-service-plan-or-other-entity issuer for such Medicare supplement insurance policies or contracts certificates. No premium adjustment which would modify the loss ratio experience under the policy other than the adjustments described herein should be made with respect to a policy at any time other than upon its renewal date or anniversary date.

3) If an issuer fails to make premium adjustments acceptable to the Director, the Director may order premium adjustments, refunds or premium credits deemed necessary to achieve the loss ratio required by this Section.

3)4) Any appropriate riders, endorsements or policy forms needed to accomplish the Medicare supplement insurance policy or certificate modifications necessary to eliminate benefit duplications with Medicare. Any such riders, endorsements or policy forms shall provide a clear description of the Medicare supplement benefits provided by the policy or contract certificate.

e) Public Hearings

The Director may conduct a public hearing to gather information concerning a request by an issuer for an increase in a rate for a policy form or certificate form issued before or after the effective date of this Part if the experience of the form for the previous reporting period is not in compliance with the applicable loss ratio standard. The determination of compliance is made without consideration of any refund or credit for such reporting period.

(Source: Amended at _____ Ill. Reg. _____, effective _____)

Section 208.81 Filing Requirements for Out-of-State-Group Policies Filing and Approval of Policies and Certificates and Premium Rates

Every insurer providing group-Medicare-supplement insurance benefits to a resident of this State under a master policy issued in another state shall file for informational purposes a

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copy-of-any-certificate-used-in-this-State-together-with-such identification-of-the-group-and-situs-of-the-master-policy-as the-Department-shall-require--No-insurer-shall-be-required-to make-any-such-informational-filing-earlier-than-30-days-after insurance-was-provided-to-any-resident-of-this-State-under-any such-certificate-(Section-363a(7)-of-the-Code):

- a) An issuer shall not deliver or issue for delivery a policy or certificate to a resident of this State unless the policy form or certificate form has been filed with and approved by the Director.
- b) An issuer shall not use or change premium rates for a Medicare supplement policy or certificate unless the rates, rating schedule and supporting documentation have been filed with and approved by the Director.
- c) Except as provided in subsection (c)(1), an issuer shall not file for approval more than one form of a policy or certificate of each type for each standard Medicare supplement benefit plan.
 - 1) An issuer may offer, with the approval of the Director, up to four additional policy forms or certificate forms of the same type for the same standard Medicare supplement benefit plan, one for each of the following cases:
 - A) The inclusion of new or innovative benefits;
 - B) The addition of either direct response or producer marketing methods;
 - C) The addition of either guaranteed issue or underwritten coverage;
 - D) The offering of coverage to individuals eligible for Medicare by reason of disability.
 - 2) For the purposes of this Section, a "type" means an individual policy, a group policy, an individual Medicare Select policy, or a group Medicare Select policy.
- d) Except as provided in subsection (1) below, an issuer shall continue to make available for purchase any policy form or certificate form issued after the

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effective date of this Part that has been approved by the Director. A policy form or certificate form shall not be considered to be available for purchase unless the issuer has actively offered it for sale in the previous twelve months.

- 1) An issuer may discontinue the availability of a policy form or certificate form if the issuer provides to the Director in writing its decision at least 30 days prior to discontinuing the availability of the form of the policy or certificate. After receipt of the notice by the Director, the issuer shall no longer offer for sale the policy form or certificate form in this State.
- 2) An issuer that discontinues the availability of a policy form or certificate form pursuant to subsection (1) above, shall not file for approval a new policy form or certificate form of the same type for the same standard Medicare supplement benefit plan as the discontinued form for a period of five years after the issuer provides notice to the Director of the discontinuance. The period of discontinuance may be reduced if the Director determines that a shorter period is appropriate.
- 3) The sale or other transfer of Medicare supplement business to another issuer shall be considered a discontinuance for the purposes of this subsection.
- 4) A change in the rating structure or methodology shall be considered a discontinuance under subsection (d)(1) and (2) unless the issuer complies with the following requirements:
 - A) The issuer provides an actuarial memorandum, in a form and manner prescribed by the Director, describing the manner in which the revised rating methodology and resultant rates differ from the existing rating methodology and resultant rates.
 - B) The issuer does not subsequently put into effect a change of rates or rating factors that would cause the percentage differential between the discontinued and subsequent rates as described in the actuarial memorandum to change.

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The Director may approve a change to the differential which is in the public interest.

- e) Except as provided herein, the experience of all policy forms or certificate forms of the same type in a standard Medicare supplement benefit plan shall be combined for purposes of the refund or credit calculation prescribed in Section 208.20. Forms assumed under an assumption reinsurance agreement shall not be combined with the experience of other forms for purposes of the refund or credit calculation.

(Source: Section Repealed, New Section adopted at Ill. Reg. _____ effective _____)

Section 208.82 Permitted Compensation Arrangements

- a) An insurer issuer or other entity may provide commission or other compensation to an agent insurance producer or other representative for the sale of a Medicare supplement policy or certificate only if the first year commission or other first year compensation is no more than 200 percent (200%) of the commission or other compensation paid for selling or servicing the policy or certificate in the second year or period.
- b) The commission or other compensation provided in subsequent (renewal) years must be the same as that provided in the second year or period and must be provided for a reasonable number of no fewer than five renewal years.
- c) No issuer or other entity shall provide compensation to its agents or other insurance producers and no agent or insurance producer shall receive compensation greater than the renewal compensation payable by the replacing insurer issuer on renewal policies or certificates if an existing policy or certificate is replaced unless benefits of the new policy or certificate are greater than the benefits under the replaced policy.
- d) For purposes of this section, "compensation" includes pecuniary or non-pecuniary remuneration of any kind relating to the sale or renewal of the policy or certificate including but not limited to bonuses, gifts, prizes, awards and finders fees.

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(Source: Amended at _____ Ill. Reg. _____, effective _____)

Section 208.90 Required Disclosure Provisions

a) General Rules

- 1) Medicare supplement policies and certificates shall include a renewal or continuation provision. The language or specifications of such provision must be consistent with the type of contract issued. Such provision shall be appropriately captioned and shall appear on the first page of the policy and shall include any reservation by the issuer of the right to change premiums and any automatic renewal premium increases based on the policyholder's age.
- 2) Except for riders or endorsements by which the insurer issuer effectuates a request made in writing by the insured or exercises a specifically reserved right under a Medicare supplement policy, or is required to reduce or eliminate benefits to avoid duplication of Medicare benefits, all riders or endorsements added to a Medicare supplement policy after date of issue or at reinstatement or renewal which reduce or eliminate benefits or coverage in the policy shall require signed acceptance by the insured. After the date of policy or certificate issue, any rider or endorsement which increases benefits or coverage with an accompanying increase in premium during the policy term must shall, unless the benefits are required by the minimum standards for Medicare supplement insurance policies, be agreed to in writing signed by the insured, except if the increased benefits or coverage is required by law. Where a separate additional premium is charged for benefits provided in connection with riders or endorsements, such premium charge shall be set forth in the policy.
- 3) A Medicare supplement policies or certificates which shall not provides for the payment of benefits based on standards described as "usual and customary," "reasonable and customary," or words of similar import shall include a definition of such terms and an explanation of such terms-in its accompanying outline of coverage.

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- 4) If a Medicare supplement policy or certificate contains any limitations with respect to pre-existing conditions, such limitations must shall appear as a separate paragraph of the policy and be labeled as "Pre-existing Condition Limitations."
- 5) Medicare supplement policies or and certificates, shall have a notice prominently printed on the first page of the policy or attached thereto stating in substance that the policyholder or certificateholder shall have the right to return the policy or certificate within thirty (30) days of its delivery and to have the premium refunded directly to him or her in a timely manner if, after examination of the policy or certificate, the insured person is not satisfied for any reason.
- 6) Insurers-issuing Issuers of accident and sickness policies; or certificates or subscriber-contracts which provide hospital or medical expense coverage on an expense incurred or indemnity basis, other than incidentally, to a person(s) eligible for Medicare by reason of age shall provide to all such applicants a "buyer's guide" approved by the Director of Insurance and in type size no smaller than 12 point type. Delivery of the "buyer's guide" shall be made whether or not such policies, or certificates, or subscriber-contracts are advertised, solicited or issued as Medicare supplement policies or certificates as defined in this regulation Part. Except in the case of direct response insurers issuers, delivery of the "buyer's guide" shall be made to the applicant at the time of application and acknowledgement of receipt of the "buyer's guide" shall be obtained by the insurer issuer. Direct response insurers issuers shall deliver the "buyer's guide" to the applicant upon request but not later than at the time the policy is delivered.
- b) Policy Checklist.
 - 1) In order to determine what policy is appropriate and non-duplicative, a policy checklist must be completed in the presence of the applicant at the point of sale. Copies of the checklist, completed and duly signed are to be provided to the applicant

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- and the company issuer. This requirement does not apply to direct response solicitations.
- 2) The checklist required by (b)(1) above shall provide substantially the form prescribed in Appendix A.
 - 3) Insurers Issuers issuing Medicare supplement policies for delivery in this State shall not issue a Medicare supplement policy unless all information requested in the policy checklist is provided.
 - c) Notice Requirements
 - 1) As soon as practicable, but no later than thirty (30) days prior to the annual effective date of Medicare benefit changes, every-insurer; health care-service-plan-or-other-entity-providing-Medicare-supplement-insurance-or-benefits-to-a-resident-of-this-State shall notify its policyholders, contract-holders and certificate holders of modifications it has made to Medicare supplement insurance policies or contracts certificates in the format prescribed in Appendix E. Such notice shall:
 - A) Include a description of revisions to the Medicare program and a description of each modification made to the coverage provided under the Medicare supplement insurance policy or contract: certificate, and
 - B) Inform each covered-person policyholder or certificate holder as to when any premium adjustment is to be made due to changes in Medicare.
 - 2) The notice of benefit modifications and any premium adjustments shall be in outline form and in clear and simple terms so as to facilitate comprehension. This notice shall be plainly printed in no smaller than 12-point type.
 - 3) Such notices shall not contain or be accompanied by any solicitation.

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d) Outline of Coverage Requirements for Medicare Supplement Policies.

- 1) Insurers-issuing-Medicare-supplement-policies-for delivery-in-this-state Issuers shall provide an outline of coverage to all applicants at the time the application is made presented to the prospective applicant and, except for direct response policies, shall obtain an acknowledgment of receipt of such outline from the applicant; and
- 2) If a Medicare supplement policy or certificate is issued on a basis which would require revision of the outline of coverage delivered at the time of application, a substitute outline of coverage properly describing the policy or certificate actually issued must shall accompany such policy or certificate when it is delivered and contain the following statement, in no less than twelve (12) point type, immediately above the company name:

"NOTICE: Read this outline of coverage carefully. It is not identical to the outline of coverage provided upon application and the coverage originally applied for has not been issued."

- 3) In addition to the statement required by Section 2008.90(d)(2) of this Part, each revised outline of coverage accompanying a policy or certificate issued on a basis other than that originally applied for, must shall contain the following notice appearing in no less than twelve (12) point type:

WARNING: The (policy or certificate) you have received is not the same as the one for which you made application.

- 4) The outline of coverage provided to applicants pursuant to this subsection {d}{2} shall be in the form-prescribed-in-Appendix-B shall consist of four parts: a cover page, premium information, disclosure pages, and charts displaying the features of each benefit plan offered by the issuer. Please see Appendix B. The outline of coverage shall be in the language and format prescribed below in no less than twelve (12) point type. All plans "A-J"

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shall be shown on the cover page, and the plan(s) that are offered by the issuer shall be prominently identified. Premium information for plans that are offered shall be shown on the cover page or immediately following the cover page and shall be prominently displayed. The premium and mode shall be stated for all plans that are offered to the prospective applicant. All possible premiums for the prospective applicant shall be illustrated.

- 5) The following items shall be included in the outline of coverage in the order prescribed below. The term "certificate" should be substituted for the word "policy" throughout the outline of coverage where appropriate.

- e) Notice Regarding Policies or Subscriber-Contracts Certificates Which are Not Medicare Supplement Policies.

In the case wherein a policy, as defined in Section 355(a)(2)(a) of the Code, being sold to a person eligible for Medicare by reason of age provides one or more but not all of the minimum standards for Medicare supplements in Section 363 of the Code, such policy or certificate shall provide notice that such policy is not a Medicare supplement and does not meet the minimum benefits standards set for such policies in this State. Such notice shall appear on the first page of the policy; or certificate or-subscriber-contract on the first page of the outline of coverage. Such notice shall be in no less than twelve (12) point type and shall contain the following language:

"THIS (POLICY; OR CERTIFICATE OR-SUBSCRIBER-CONTRACT) IS NOT A MEDICARE SUPPLEMENT (POLICY OR CERTIFICATE). IT DOES NOT FULLY SUPPLEMENT YOUR FEDERAL MEDICARE HEALTH INSURANCE. If you are eligible for Medicare review the Medicare Supplement Buyers Guide available from the company."

- f) Applications - Notice regarding policies or subscriber contracts certificates which are not Medicare supplement policies.

In the case wherein an application is used to apply for the type of policy as defined in Section 2008.90(e) of

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this Part, such application shall provide notice that the policy being applied for is not a "Medicare Supplement" and does not meet the minimum benefits standards set forth for such policies in this State. Such notice shall be in no less than twelve (12) point type and shall contain the following language:

"THIS (POLICY, CERTIFICATE OR SUBSCRIBER CONTRACT) WHICH YOU HAVE APPLIED FOR IS NOT A MEDICARE SUPPLEMENT (POLICY OR CERTIFICATE). IT DOES NOT FULLY SUPPLEMENT YOUR FEDERAL MEDICARE HEALTH INSURANCE. If you are eligible for Medicare, review the Medicare Supplement Buyers Guide available from the company."

g) Filing Requirements for Advertising

- 1) Every insurer, health-care service plan or other entity providing an issuer of Medicare supplement insurance or benefits in this State shall provide a copy of any Medicare supplement advertisement intended for use in this State whether through written, radio or television medium to the Director of Insurance of this State for review by the Director to the extent it may be required under state law.

- 2) Notice regarding policies or subscriber contracts certifies which are not Medicare supplement policies.

In the case wherein any advertising as defined in Section 2002.40 of 50 Ill. Adm. Code 2002 (Advertising of Accident and Sickness Insurance) is used to solicit the type of policy as defined in Section 2008.90(e) of this Part, such advertising shall provide notice that the policy being advertised is not a Medicare supplement and does not meet the minimum benefits standards set forth for such policies in this State. Such notice shall be prominently disclosed within the text of the advertisement. Such notice shall be in no less than twelve (12) point type and shall contain the following language:

"THIS (POLICY, CERTIFICATE OR SUBSCRIBER CONTRACT) IS NOT A MEDICARE SUPPLEMENT (POLICY OR

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CERTIFICATE). IT DOES NOT FULLY SUPPLEMENT YOUR FEDERAL MEDICARE HEALTH INSURANCE. If you are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from the company."

(Source: Amended at _____ Ill. Reg. _____, effective _____)

Section 2008.100 Requirements for Application Forms and Replacement Coverage

- a) Application forms shall include the following questions designed to elicit information as to whether, as of the date of the application, the applicant has another Medicare supplement insurance or other health insurance policy or certificate in force or whether a Medicare supplement policy or certificate is intended to replace any other accident and sickness policy or certificate presently in force. A supplementary application or other form to be signed by the applicant and agent, except where the coverage is sold without an agent insurance producer, containing such questions and statements may be used.

[STATEMENTS]:

- 1) You do not need more than one Medicare supplement policy.
- 2) If you are 65 or older, you may be eligible for benefits under Medicaid and may not need a Medicare supplement policy.
- 3) The benefits and premiums under your Medicare supplement policy will be suspended during your entitlement to benefits under Medicaid for 24 months. You must request this suspension within 90 days of becoming eligible for Medicaid. If you are no longer entitled to Medicaid, your policy will be reinstituted if requested within 90 days of losing Medicaid eligibility.
- 4) Counseling services may be available in this state to provide advice concerning your purchase of Medicare supplement insurance and concerning Medicaid.

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[QUESTIONS]

To the best of your knowledge,

1) Do you have another Medicare supplement insurance policy or certificate in force (including health care service contract, health maintenance organization contract)?

If so, with which company?

2) Did you have another Medicare supplement policy or certificate in force during the last twelve (12) months?

A) If so, with which company?

B) If that policy lapsed, when did it lapse?

2) Do you have any other health insurance policies that provide benefits which this Medicare supplement policy would duplicate?

A) If so, with which company?

B) What kind of policy?

43) If the answer to question 1 or 2 is yes, do you intend to replace any of your these medical or health insurance coverage policies with this policy [certificate]?

34) Are you covered by Medicaid?

b) Agents shall list any other health insurance policies they have sold to the applicant.

1) List policies sold which are still in force.

2) List policies sold in the past five (5) years which are no longer in force.

c) In the case of a direct response issuer, a copy of the application or supplemental form, signed by the applicant, and acknowledged by the insurer, shall be

returned to the applicant by the insurer upon delivery of the policy.

ed) Upon determining that a sale will involve replacement of Medicare supplement, an insurer issuer, other than a direct response insurer issuer, or its agent, shall furnish the applicant, prior to issuance or delivery of the Medicare supplement policy or certificate, a notice regarding replacement of accident and sickness coverage. One copy of such notice signed by the applicant and the agent, except where the coverage is sold without an agent insurance producer, shall be provided to the applicant and an additional signed copy shall be retained by the insurer issuer. A direct response insurer issuer shall deliver to the applicant at the time of the issuance of the policy the notice regarding replacement of accident and sickness coverage in the form prescribed in Appendix D.

de) The notice required by subsection e D above for an insurer issuer, other than a direct response insurer issuer, shall be provided in the form prescribed in Appendix C in no less than twelve (12) point type.

f) Subsections 1 and 2 above of the replacement notice (applicable to pre-existing conditions) may be deleted by an issuer if the replacement does not involve application of a new pre-existing condition limitation.

(Source: Amended at _____ Ill. Reg. _____, effective _____)

Section 208.101 Standards for Marketing

a) Every insurer marketing Medicare supplement insurance coverage in this State, an issuer directly or through its producers, shall:

1) For purposes of this subsection marketing procedures will be deemed to be fair and accurate if the insurer complies with the standards set forth in Sections 363a(5) and (6) of the Code.

2) Establish marketing procedures to assure duplicative insurance benefits are not sold or issued.

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- 3) Establish marketing procedures which set forth a mechanism or formula for determining whether a replacement policy or certificate contains benefits greater than the benefits under the replaced policy for purposes of triggering first-year commissions as authorized in Section 2008-82 of this Part.
- 43) Display prominently by type, stamp or other appropriate means, on the first page of the outline of coverage and policy the following:

"Notice to buyer: This policy may not cover all of the costs associated with medical care incurred by the buyer during the period of coverage. The buyer is advised to review carefully all policy limitations your medical expenses."

- 54) Inquire of a prospective applicant or enrollee for Medicare supplement insurance whether they are currently covered by accident and sickness insurance and the types and amounts of such insurance.

- 65) Every insurer or entity marketing Medicare supplement insurance shall establish auditable procedures for verifying compliance with this subsection Aa.

- b) The following acts and practices are prohibited:

- 1) Twisting. Knowingly making any misleading representation or incomplete or fraudulent comparison of any insurance policies or insurers for the purpose of inducing any person to lapse, forfeit, surrender, terminate, retain, pledge, assign, borrow on, or convert any insurance policy or to take out a policy of insurance with another insurer.
- 2) High pressure tactics. Employing any method of marketing having the effect of inducing the purchase of insurance through force, fright, threat, whether explicit or implied, or undue pressure to purchase or recommend the purchase of insurance.
- 3) Cold lead advertising. Making use directly or indirectly of any method of marketing which fails to disclose in a conspicuous manner that a purpose

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of the method of marketing is solicitation of insurance and that contact will be made by an insurance agent or insurance company.

- c) The terms "Medicare Supplement," "Medicap," "Medicare Wrap-Around" and words of similar import shall not be used unless the policy is issued in compliance with this Part.

(Source: Amended at _____ Ill. Reg. _____, effective _____)

Section 2008.102 Appropriateness of Recommended Purchase and Excessive Insurance

- a) In recommending the purchase or replacement of any Medicare supplement policy or certificate an agent shall make reasonable efforts to determine the appropriateness of a recommended purchase or replacement. For purposes of this subsection the insurer will be deemed to make reasonable efforts to determine the appropriateness of the recommended purchase if the insurer complies with the standards set forth in Sections 363a(5) and (6) of the Code.

- b) Any sale of Medicare supplement coverage which that will provide an individual more than one Medicare supplement policy or certificate is prohibited. provided, however, that additional Medicare supplement coverage may be sold if, when combined with that individual's health coverage already in force, it would insure no more than 100% of the individual's actual medical expenses covered under the combined policies.

(Source: Amended at _____ Ill. Reg. _____, effective _____)

Section 2008.103 Reporting of Multiple Policies

- a) On or before March 1, every insurer or other entity providing Medicare supplement insurance coverage in this State of each year an issuer shall report the following information prescribed in Appendix F for every individual resident of this State for which the insurer or entity issuer has in force more than one Medicare supplement insurance policy or certificate:

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- 1) Policy and certificate number, and
2) Date of issuance.
- b) The items set forth above must be grouped by individual policyholder.

(Source: Amended at _____ Ill. Reg. _____, effective _____)

Section 208.104 Prohibition Against Preexisting Conditions, Waiting Periods, Elimination Periods and Probationary Periods in Replacement Policies or Certificates

a) If a Medicare supplement policy or certificate replaces another Medicare supplement policy or certificate, the replacing insurer shall waive any time periods applicable to preexisting conditions, waiting periods, elimination periods and probationary periods in the new Medicare supplement policy for similar-benefits or certificate to the extent such time was spent under the original policy.

b) If a Medicare supplement policy or certificate replaces another Medicare supplement policy or certificate which has been in effect for at least six months, the replacing policy shall not provide any time period applicable to preexisting conditions, waiting periods, elimination periods and probationary periods for benefits similar to those contained in the original policy or certificate.

(Source: Amended at _____ Ill. Reg. _____, effective _____)

Section 208.110 Severability

If any provision of this regulation Part or the application thereof to any person or circumstances is for any reason held to be invalid, the remainder of the regulation this Part and the application of such provision to other persons or circumstances shall not be affected thereby.

(Source: Amended at _____ Ill. Reg. _____, effective _____)

Section 208.APPENDIX A Policy Checklist

Applicant's Name _____					
Policy Number _____					
Name of Existing Insurer _____					
Expiration Date of Existing Insurance _____					
SERVICE	BENEFIT	MEDICARE PAYS	EXISTING COVERAGE	SUPPLEMENT PAYS	YOU PAY
Hospital Inpatient	First 60 Days	All But (\$)			
	61st to 90th Day	All But (\$) a Day			
	91st to 150th Day (Lifetime Reserve	(\$) a Day			
	Beyond 150 Days	Nothing			
Skilled Nursing Home Care	First 20 Days	100% of Cost			
	Additional 80 Days	All But (\$) A Day			
	Beyond 100 Days	Nothing			
Medical Expense	Physician's Services in hospital, office or home, in-patient and out-patient medical services and supplies at a hospital, physical and speech	80% of Medicare Determined allowable charges after (\$) Deductible			

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PREMIUM INFORMATION [Boldface Type]

We [insert issuer's name] can only raise your premium if we raise the premium for all policies like yours in this State. [If the premium is based on the increasing age of the insured, include information specifying when premiums will change.]

DISCLOSURES [Boldface Type]

Use this outline to compare benefits and premiums among policies.

READ YOUR POLICY VERY CAREFULLY

- 1) Read-Your-Policy-Carefully-----This-outline-of-coverage provides-a-brief-description-of-the-important features-of-your-policy---This-is-not-the-Insurance contract-and-only-the-actual-policy-provisions-will control---The-policy-itself-sets-forth-in-detail-the rights-and-obligations-of-both-you-and-your-Insurance company---it-is--therefore--important-that-you-READ YOUR-POLICY-CAREFULLY!

This is only an outline, describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and your insurance company.

RIGHT TO RETURN POLICY [Boldface Type]

If you find that you are not satisfied with your policy, you may return it to [insert issuer's address]. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

- 2) Medicare-Supplement-Coverage-----Policies-of-this-category-are-designed-to-supplement-Medicare-by-covering some-hospital, medical-and-surgical-services-which-are partially-covered-by-Medicare---Coverage-is-provided for-hospital-inpatient-charges-and-some-physician charges--subject-to-any-deductibles-and-copayment provisions-which-may-be-in-addition-to-those-provided by-Medicare--and-subject-to-other-limitations-which-may be-set-forth-in-the-policy---The-policy-does-not-provide-benefits-for-custodial-care-such-as-help-in-walking, getting-in-and-out-of-bed, eating, dressing,

F	G	H	I	J
Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits
Skilled Nursing Co-Insurance	Skilled Nursing Co-Insurance	Skilled Nursing Co-Insurance	Skilled Nursing Co-Insurance	Skilled Nursing Co-Insurance
Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible
Part B Deductible				Part B Deductible
Part B Excess (100%)	Part B Excess (80%)		Part B Excess (100%)	Part B Excess (100%)
Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency
	At-Home Recovery		At-Home Recovery	At-Home Recovery
		Basic Drugs (\$1250 Limit)	Basic Drugs (\$1250 Limit)	Extended Drugs (\$3,000 Limit)
				Preventive Care

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~~bathing-and-taking-medicine-(delete-if-such-coverage-is provided):~~

POLICY REPLACEMENT [Boldface Type]

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

NOTICE [Boldface Type]

This policy may not fully cover all of your medical costs.

- 3) a) (for agents producers:)

Neither (insert company's name) nor its agents are connected with Medicare.

- b) (for direct response:)

(insert company's name) is not connected with Medicare.

- 4) {A-brief-summary-of-the-major-benefit-gaps-in-Medicare Parts-A-&-B-with-a-parallel-description-of-supplemental benefits-including-dollar-amounts-and-indexed copayments-or-deductibles-as-appropriate-provided-by the-Medicare-supplement-coverage-in-the-following order:}

DESCRIPTION

SERVICE-----THIS-POLICY-PAYS-----YOU-PAY

PART-A

I---Minimum-Standards

INPATIENT-HOSPITAL-SERVICES:

Semi-Private-Room-&-Board

Miscellaneous-Hospital-Services
&-Supplies-such-as-Drugs;
X-Rays,-Lab-Tests-&-Operating
Room

BLOOD

NOTICE OF PROPOSED AMENDMENTS

PART-B

MEDICAL-EXPENSE:

Services-of-a-Physician/
Outpatient-Services

Medical-Supplies-other-than
Prescribed-Drugs

Blood

MISCELLANEOUS

Immunosuppressive-Drugs

II---Additional-Benefits

PART-A

Part-A-Deductible

Private-Rooms

In-Hospital-Private-Nurses

Skilled-Nursing-Facility-Care

PARTS-A-&-B

Home-Health-Services

PART-B

Part-B-Deductible

Medical-Charges-in-Excess-of
Medicare-Allowable-Expenses
{Percentage-Paid}

OUT-OF-POCKET-MAXIMUM

PRESCRIPTION-DRUGS

MISCELLANEOUS

Respite-Care-Benefits

Expenses-incurred-in

Foreign-Country

Other

TOTAL-PREMIUM-----\$-----

IN-ADDITION-TO-THIS-OUTLINE-OF-COVERAGE--(INSURANCE-COMPANY NAME)--WILL-SEND-AN-ANNUAL-NOTICE-TO-YOU-30-DAYS-PRIOR-TO-THE EFFECTIVE-DATE-OF-MEDICARE-CHANGES-WHICH-WILL-DESCRIBE-THESE CHANGES-AND-THE-CHANGES-IN-YOUR-MEDICARE-SUPPLEMENT-COVERAGE.

**If this policy does not provide for coverage for a benefit listed above, the insurer must state "no coverage" beside that benefit in the first column.

(The order of benefits in this outline of coverage should be adjusted by those states which have adopted additional minimum standards.)

5) The following charts shall accompany the outline of coverage:

(Company Name)

NOTICE OF CHANGES IN MEDICARE AND YOUR MEDICARE SUPPLEMENT COVERAGE-1990

The following chart briefly describes the modifications in Medicare and in your Medicare supplement coverage. Please read this carefully.

(A brief description of the revisions to Medicare Parts A & B with a parallel description of supplemental benefits with subsequent changes, including dollar amounts, provided by the Medicare supplement coverage in substantially the following format):

MEDICARE PART A	
Services	Medicare Benefits
In 1989 Medicare-Part-A Per Calendar Year	Effective January 1, 1990 Medicare-Part-A Your Coverage Days
Unlimited number of inpatient days after \$500 deductible	Unlimited number of inpatient days after \$500 deductible
Skilled-nursing-home care	Skilled-nursing-home care
Home health care	Home health care
Private-duty nursing	Private-duty nursing
Intermediate nursing-home care	Intermediate nursing-home care
Respite care	Respite care
Skilled-nursing-home care costs (beyond what is covered by Medicare)	Skilled-nursing-home care costs (beyond what is covered by Medicare)
Custodial nursing-home care costs	Custodial nursing-home care costs
Intermediate nursing-home care costs	Intermediate nursing-home care costs

6) Statement that the policy does or does not cover the following:

- a) Private-duty nursing?
- b) Skilled-nursing-home care costs (beyond what is covered by Medicare)?
- c) Custodial nursing-home care costs?
- d) Intermediate nursing-home care costs?

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- e) Home-health-care-above-number-of-visits-covered-by Medicare;
- f) Physician-charges-(above-Medicare's-reasonable charges);
- g) Drugs-(other-than-prescription-drugs-furnished during-a-hospital-or-skilled-nursing-facility stay);
- h) Care-received-outside-the-U-S-A.;
- i) Dental-care-or-dentures,-checkups,-routine-immunizations,-cosmetic-surgery,-routine-foot-care, examinations-for-the-cost-of-eyeglasses-or-hearing aids;
- 7) A-description-of-any-policy-provisions-which-exclude, eliminate,-restrict,-reduce,-limit,-delay-or-in-any other-manner-operate-to-qualify-payments-of-the-benefits-described-in-(4)-above,-including-conspicuous statements;
- a) That-the-chart-summarizing-Medicare-benefits-only briefly-describes-such-benefits;
- b) That-the-Health-Care-Financing-Administration-or its-Medicare-publications-should-be-consulted-for further-details-and-limitations;
- 8) A-description-of-policy-provisions-respecting-renewability-or-continuation-of-coverage,-including-any reservation-of-rights-to-change-premium;
- 9) The-amount-of-premium-for-this-policy.

This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security office or consult "The Medicare Handbook" for more details.

COMPLETE ANSWERS ARE VERY IMPORTANT [Boldface Type]

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. The company may cancel your policy and refuse to pay any claims if you leave out or falsify

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important medical information. [If the policy or certificate is guaranteed issue, this paragraph need not appear.]

Review the application carefully before you sign it. Be certain that all information has been properly recorded.

[Include for each plan prominently identified in the cover page, a chart showing the services, Medicare payments, plan payments and insured payments for each plan, using the same language, in the same order, using uniform layout and format as shown in the charts below. No more than four plans may be shown on one chart. For purposes of illustration, charts for each plan are included in this Appendix. An issuer may use additional benefit plan designations on these charts pursuant to Section 208.72(d) of this Part.]

[Include an explanation of any innovative benefits on the cover page and in the chart, in a manner approved by the Director of Insurance.]

(Source: Amended at _____ Ill. Reg. _____ effective _____)

NOTICE OF PROPOSED AMENDMENTS

2008. APPENDIX C, PLAN A

MEDICARE (PART A)-HOSPITAL SERVICES-PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semi-private room and board, general nursing and miscellaneous services and supplies First 60 days	All but \$628	\$0	\$628 (Part A Deductible)
61st thru 90th day	All but \$157 a day	\$157 a day	\$0
91st day and after: -While using 60 lifetime reserve days	All but \$314 a day	\$314 a day	\$0
-Once lifetime reserve days are used: -Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0
-Beyond the Additional 365 days	\$0	\$0	All Costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital	All approved amounts All but \$78.50 a day	\$0	\$0
First 20 days	\$0	\$0	Up to \$78.50 a day
21st thru 100th day	\$0	\$0	All costs
101st day and after	\$0	\$0	\$0
BLOOD First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited co-insurance for out-patient drugs and inpatient respite care	\$0	Balance

MEDICARE (PART B)-MEDICAL SERVICES-PER CALENDAR YEAR

*Once you have been billed \$100 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES-IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment. First \$100 of Medicare Approved Amounts*	\$0	\$0	\$100 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	\$0	All Costs
BLOOD First 3 pints	\$0	All Costs	\$0
Next \$100 of Medicare Approved Amounts*	\$0	\$0	\$100 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES-BLOOD TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES -Medically necessary skilled care services and medical supplies -Durable medical equipment First \$100 of Medicare Approved Amounts*	100%	\$0	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0

(Source: Section 2008. APPENDIX C renumbered to Section 2008. APPENDIX M., new Section 2008. APPENDIX C adopted at Ill. Reg. _____ effective _____)

2008, APPENDIX D, PLAN B

MEDICARE (PART A)-HOSPITAL SERVICES-PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semi-private room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: -While using 60 lifetime reserve days -Once lifetime reserve days are used: -Additional 365 days -Beyond the Additional 365 days	All but \$628 All but \$157 a day All but \$314 a day \$0 \$0	\$628 (Part A Deductible) \$157 a day \$314 a day 100% of Medicare Eligible Expenses \$0	\$0 \$0 \$0 \$0 All Costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$75.50 a day \$0	\$0 \$0 \$0	\$0 Up to \$75.50 a day All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited co-insurance for out-patient drugs and inpatient respite care	\$0	Balance

MEDICARE (PART B)-MEDICAL SERVICES-PER CALENDAR YEAR

*Once you have been billed \$100 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES-IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment. First \$100 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts Part B Excess Charges (Above Medicare Approved Amounts)	\$0 80% \$0	\$0 20% \$0	\$100 (Part B Deductible) \$0 All Costs
BLOOD First 3 pints Next \$100 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All Costs \$0 20%	\$0 \$100 (Part B Deductible) \$0
CLINICAL LABORATORY SERVICES-BLOOD TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES -Medically necessary skilled care services and medical supplies -Durable medical equipment First \$100 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$100 (Part B Deductible) \$0
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(Source: Section repealed, new Section adopted at Ill. Reg. _____ effective _____)

2008. APPENDIX E, PLAN C

MEDICARE (PART A)-HOSPITAL SERVICES-PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semi-private room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: -While using 60 lifetime reserve days -Once lifetime reserve days are used: -Additional 365 days -Beyond the Additional 365 days	All but \$628 All but \$157 a day All but \$314 a day \$0 \$0	\$628 (Part A Deductible) \$157 a day \$314 a day 100% of Medicare Eligible Expenses \$0	\$0 \$0 \$0 \$0 All Costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$78.60 a day \$0	\$0 Up to \$78.60 a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited co-insurance for out-patient drugs and inpatient respite care	\$0	Balance

MEDICARE (PART B)-MEDICAL SERVICES-PER CALENDAR YEAR

*Once you have been billed \$100 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment. First \$100 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts Part B Excess Charges (Above Medicare Approved Amounts)	\$0 80% \$0	\$100 (Part B Deductible) 20% \$0	\$0 \$0 All Costs
BLOOD First 3 pints Next \$100 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All Costs \$100 (Part B Deductible) 20%	\$0 \$0 \$0
CLINICAL LABORATORY SERVICES- BLOOD TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES -Medically necessary skilled care services and medical supplies -Durable medical equipment	100%	\$0	\$0
First \$100 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 80%	\$100 (Part B Deductible) 20%	\$0 \$0

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2008. APPENDIX F, PLAN D

OTHER BENEFITS-NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL-NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum

(Source: Section 2008. APPENDIX E renumbered to Section 2008. APPENDIX O, new Section 2008. APPENDIX E adopted at _____ Ill. Reg. _____ effective _____.)

MEDICARE (PART A)-HOSPITAL SERVICES-PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semi-private room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: -While using 60 lifetime reserve days -Once lifetime reserve days are used: -Additional 365 days -Beyond the Additional 365 days	All but \$628 All but \$157 a day All but \$314 a day \$0 \$0	\$628 (Part A Deductible) \$157 a day \$314 a day 100% of Medicare Eligible Expenses \$0	\$0 \$0 \$0 \$0 All Costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$78.60 a day \$0	\$0 Up to \$78.60 a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited co-insurance for out-patient drugs and inpatient respite care	\$0	Balance

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MEDICARE (PART B)-MEDICAL SERVICES-PER CALENDAR YEAR

*Once you have been billed \$100 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES-IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment. First \$100 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts Part B Excess Charges (Above Medicare Approved Amounts)	\$0 80% \$0	\$0 20% \$0	\$100 (Part B Deductible) \$0 All Costs
BLOOD First 3 pints Next \$100 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All Costs \$0 20%	\$0 \$100 (Part B Deductible) \$0
CLINICAL LABORATORY SERVICES-BLOOD TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES -Medically necessary skilled care services and medical supplies -Durable medical equipment First \$100 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$100 (Part B Deductible) \$0
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MEDICARE (PARTS A & B)-(CONTINUED)

PARTS A & B (cont'd)

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE (cont'd) AT-HOME RECOVERY SERVICES-NOT COVERED BY MEDICARE Home care certified by your doctor for personal care during recovery from an injury or sickness for which Medicare approved a Home Care Treatment Plan -Benefit for each visit -Number of visits covered (must be received within 8 weeks of last Medicare Approved visit) -Calendar year maximum	\$0 \$0 \$0	Actual Charges to \$40 a visit Up to the number of Medicare Approved visits, not to exceed 7 each week \$1,600	Balance

OTHER BENEFITS-NOT COVERED BY MEDICARE

FOREIGN TRAVEL-NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
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(Source: Section repealed at 14 Ill. Reg. 19243, effective November 27, 1990; new Section adopted at Ill. Reg. _____ effective _____.)

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2008. APPENDIX G, PLAN E

MEDICARE (PART A)-HOSPITAL SERVICES-PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semi-private room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$628	\$628 (Part A Deductible)	\$0
61st thru 90th day	All but \$157 a day	\$157 a day	\$0
91st day and after:	All but \$314 a day	\$314 a day	\$0
-While using 60 lifetime reserve days			
-Once lifetime reserve days are used:			
-Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0
-Beyond the Additional 365 days	\$0	\$0	All Costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$78.50 a day	Up to \$78.50 a day	\$0
101st day and after	\$0	\$0	All costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited co-insurance for out-patient drugs and inpatient respite care	\$0	Balance

MEDICARE (PART B)-MEDICAL SERVICES-PER CALENDAR YEAR

*Once you have been billed \$100 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES-IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.			
First \$100 of Medicare Approved Amounts*	\$0	\$0	\$100 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	All Costs	\$0
Next \$100 of Medicare Approved Amounts*	\$0	\$0	\$100 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES-BLOOD TESTS FOR DIAGNOSTIC SERVICES			
	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE			
MEDICARE APPROVED SERVICES			
-Medically necessary skilled care services and medical supplies	100%	\$0	\$0
-Durable medical equipment			
First \$100 of Medicare Approved Amounts*	\$0	\$0	\$100 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0

2008. APPENDIX H, PLAN F

MEDICARE (PART A)-HOSPITAL SERVICES-PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL-NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
PREVENTIVE MEDICAL CARE BENEFIT-NOT COVERED BY MEDICARE Annual physical and preventive tests and services such as: fecal occult blood test, digital rectal exam, mammogram, hearting screening, distictic urinalysis, diabetes screening, thyroid function test, influenza shot, tetanus and diphtheria booster and education, administered or ordered by your doctor when not covered by Medicare First \$120 each calendar year Additional charges	\$0 \$0	\$120 \$0	\$0 All Costs

(Source: Added at _____ Ill. Reg. _____ effective _____)

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2008. APPENDIX H, PLAN F

MEDICARE (PART A)-HOSPITAL SERVICES-PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semi-private room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after -While using 60 lifetime reserve days -Once lifetime reserve days are used: -Additional 365 days -Beyond the Additional 365 days	All but \$628 All but \$157 a day All but \$314 a day \$0 \$0	\$628 (Part A Deductible) \$157 a day \$314 a day 100% of Medicare Eligible Expenses \$0	\$0 \$0 \$0 \$0 All Costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$78.50 a day \$0	\$0 Up to \$78.50 a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited co-insurance for out-patient drugs and inpatient respite care	\$0	Balance

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DEPARTMENT OF INSURANCE

NOTICE OF PROPOSED AMENDMENTS

MEDICARE (PART B)-MEDICAL SERVICES-PER CALENDAR YEAR

*Once you have been billed \$100 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES-IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.			
First \$100 of Medicare Approved Amounts*	\$0	\$100 (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	100%	\$0
BLOOD			
First 3 pints	\$0	All Costs	\$0
Next \$100 of Medicare Approved Amounts*	\$0	\$100 (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES-BLOOD TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE			
MEDICARE APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			
First \$100 of Medicare Approved Amounts*	\$0	\$100 (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0

OTHER BENEFITS-NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL-NOT COVERED BY MEDICARE			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA	\$0	\$0	\$250
First \$250 each calendar year	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum
Remainder of Charges			

(Source: Added at

Ill. Reg.

effective

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2008. APPENDIX I, PLAN G

MEDICARE (PART A)-HOSPITAL SERVICES-PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semi-private room and board, general nursing and miscellaneous services and supplies First 60 days \$1st thru 90th day 91st day and after: -While using 60 lifetime reserve days -Once lifetime reserve days are used: -Additional 365 days -Beyond the Additional 365 days	All but \$628 All but \$157 a day All but \$314 a day \$0 \$0	\$628 (Part A Deductible) \$157 a day \$314 a day 100% of Medicare Eligible Expenses \$0	\$0 \$0 \$0 \$0 All Costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare- approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$78.50 a day \$0	\$0 Up to \$78.50 a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited co- insurance for out-patient drugs and inpatient res- pite care	\$0	Balance

DEPARTMENT OF INSURANCE

NOTICE OF PROPOSED AMENDMENTS

MEDICARE (PART B)-MEDICAL SERVICES-PER CALENDAR YEAR

*Once you have been billed \$100 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES-IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment. First \$100 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts Part B Excess Charges (Above Medicare Approved Amounts)	\$0 80% \$0	\$0 20% 80%	\$100 (Part B Deductible) \$0 20%
BLOOD First 3 pints Next \$100 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All Costs \$0 20%	\$0 \$100 (Part B Deductible) \$0
CLINICAL LABORATORY SERVICES- BLOOD TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES -Medically necessary skilled care services and medical supplies -Durable medical equipment First \$100 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$100 (Part B Deductible) \$0
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DEPARTMENT OF INSURANCE

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DEPARTMENT OF INSURANCE

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2008. APPENDIX J, PLAN H

MEDICARE (PARTS A & B)-(CONTINUED)

PARTS A & B (cont'd)

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE (cont'd) AT-HOME RECOVERY SERVICES-NOT COVERED BY MEDICARE Home care certified by your doctor for personal care during recovery from an injury or sickness for which Medicare approved a Home Care Treatment Plan -Benefit for each visit -Number of visits covered (must be received within 8 weeks of last Medicare Approved visit) -Calendar year maximum	\$0 \$0 \$0	Actual Charges to \$40 a visit Up to the number of Medicare Approved visits, not to exceed 7 each week \$1,600	Balance

OTHER BENEFITS

FOREIGN TRAVEL-NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
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(Source: Added at _____ Ill. Reg. _____ effective _____)

2008. APPENDIX J, PLAN H
MEDICARE (PART A)-HOSPITAL SERVICES-PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you leave out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semi-private room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after -While using 60 lifetime reserve days -Once lifetime reserve days are used: -Additional 365 days -Beyond the Additional 365 days	All but \$628 All but \$167 a day All but \$314 a day \$0 \$0	\$628 (Part A Deductible) \$167 a day \$314 a day 100% of Medicare Eligible Expenses \$0	\$0 \$0 \$0 \$0 All Costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$78.50 a day \$0	\$0 Up to \$78.50 a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited co-insurance for out-patient drugs and inpatient respite care	\$0	Balance

MEDICARE (PART B)-MEDICAL SERVICES-PER CALENDAR YEAR

*Once you have been billed \$100 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES-IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$100 of Medicare Approved Amounts*	\$0	\$0	\$100 (Part B Deductible)
	80%	20%	\$0
	\$0	\$0	All Costs
	Remainder of Medicare Approved Amounts		
BLOOD First 3 units Next \$100 of Medicare Approved Amounts*	\$0	All Costs	\$0
	\$0	\$0	\$100 (Part B Deductible)
	80%	20%	\$0
Remainder of Medicare Approved Amounts	100%	\$0	\$0
CLINICAL LABORATORY SERVICES- BLOOD TESTS FOR DIAGNOSTIC SERVICES			

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES -Medically necessary skilled care services and medical supplies -Durable medical equipment First \$100 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	100%	\$0	\$0
	\$0	\$0	\$100 (Part B Deductible)
	80%	20%	\$0

NOTICE OF PROPOSED AMENDMENTS

OTHER BENEFITS-NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL-NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges	\$0	\$0	\$250
	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum
BASIC OUTPATIENT PRESCRIPTION DRUGS-NOT COVERED BY MEDICARE First \$250 each calendar year Next \$2,500 each calendar year Over \$2,500 each calendar year	\$0	\$0	\$250
	\$0	50%- \$1,250 calendar year maximum benefit	50%
	\$0	\$0	All Costs

(Source: Added at _____ Ill. Reg. _____ effective _____)

DEPARTMENT OF INSURANCE

NOTICE OF PROPOSED AMENDMENTS

2008, APPENDIX K, PLAN I

MEDICARE (PART A)-HOSPITAL SERVICES-PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semi-private room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: -While using 60 lifetime reserve days -Once lifetime reserve days are used: -Additional 365 days -Beyond the Additional 365 days	All but \$628 All but \$157 a day All but \$314 a day \$0 \$0	\$628 (Part A Deductible) \$157 a day \$314 a day 100% of Medicare Eligible Expenses \$0	\$0 \$0 \$0 \$0 All Costs
SKILLED NURSING FACILITY CARE: You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$78.50 a day \$0	\$0 Up to \$78.50 a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited co-insurance for out-patient drugs and inpatient respite care	\$0	Balance

DEPARTMENT OF INSURANCE

NOTICE OF PROPOSED AMENDMENTS

MEDICARE (PART B)-MEDICAL SERVICES-PER CALENDAR YEAR

*Once you have been billed \$100 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES-IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment. First \$100 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts Part B Excess Charges (Above Medicare Approved Amounts)	\$0 80% \$0	\$0 20% 100%	\$100 (Part B Deductible) \$0 \$0
BLOOD First 3 pints Next \$100 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All Costs \$0 20%	\$0 \$100 (Part B Deductible) \$0
CLINICAL LABORATORY SERVICES- BLOOD TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE			
MEDICARE APPROVED SERVICES -Medically necessary skilled care services and medical supplies -Durable medical equipment First \$100 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$100 (Part B Deductible) \$0

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NOTICE OF PROPOSED AMENDMENTS

MEDICARE (PARTS A & B)-(CONTINUED)MEDICARE (PART A)-HOSPITAL SERVICES-PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

PARTS A & B (cont'd)

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE (cont'd) AT-HOME RECOVERY SERVICES-NOT COVERED BY MEDICARE Home care certified by your doctor, for personal care during recovery from an injury or sickness for which Medicare approved a Home Care Treatment Plan -Benefit for each visit	\$0	Actual Charges to \$40 a visit	Balance
-Number of visits covered (must be received within 8 weeks of last Medicare Approved visit)	\$0	Up to the number of Medicare Approved visits, not to exceed 7 each week	
-Calendar year maximum	\$0	\$1,600	

OTHER BENEFITS

FOREIGN TRAVEL-NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of Charges*	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
BASIC OUTPATIENT PRESCRIPTION DRUGS-NOT COVERED BY MEDICARE First \$250 each calendar year Next \$2,500 each calendar year Over \$2,500 each calendar year	\$0 \$0 \$0	\$0 50%-\$1,250 calendar year maximum benefit	\$250 50% All Costs

(Source: Added at _____ Ill. Reg. _____ effective _____)

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semi-private room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: -While using 60 lifetime reserve days Once lifetime reserve days are used: -Additional 365 days -Beyond the Additional 365 days	All but \$628 All but \$157 a day All but \$314 a day \$0 \$0	\$628 (Part A Deductible) \$157 a day \$314 a day 100% of Medicare Eligible Expenses \$0	\$0 \$0 \$0 \$0 All Costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$75.50 a day \$0	\$0 Up to \$75.50 a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited co-insurance for out-patient drugs and inpatient respite care	\$0	Balance

DEPARTMENT OF INSURANCE

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MEDICARE (PART B)-MEDICAL SERVICES-PER CALENDAR YEAR

*Once you have been billed \$100 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES-IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.			
First \$100 of Medicare Approved Amounts*	\$0	\$100 (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	100%	\$0
BLOOD			
First 3 units	\$0	All Costs	\$0
Next \$100 of Medicare Approved Amounts*	\$0	\$100 (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES- BLOOD TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment	\$0	\$100 (Part B Deductible)	\$0
First \$100 of Medicare Approved Amounts*			
Remainder of Medicare Approved Amounts	80%	20%	\$0

MEDICARE (PARTS A & B)-(CONTINUED)

PARTS A & B (cont'd)

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE (cont'd) AT-HOME RECOVERY SERVICES-NOT COVERED BY MEDICARE			
Home care certified by your doctor for personal care during recovery from an injury or sickness for which Medicare approved a Home Care Treatment Plan -Benefit for each visit	\$0	Actual Charges to \$40 a visit	Balance
-Number of visits covered (must be received within 8 weeks of last Medicare Approved Visit)	\$0	Up to the number of Medicare Approved visits, not to exceed 7 each week	
-Calendar year maximum	\$0	\$1,600	

OTHER BENEFITS

FOREIGN TRAVEL-NOT COVERED BY MEDICARE			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of Charges*	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum
EXTENDED OUTPATIENT PRESCRIPTION DRUGS-NOT COVERED BY MEDICARE			
First \$250 each calendar year	\$0	\$0	\$250
Next \$6,000 each calendar year	\$0	50%- \$3,000 calendar year maximum benefit	50%
Over \$6,000 each calendar year	\$0	\$0	All Costs

DEPARTMENT OF INSURANCE

NOTICE OF PROPOSED AMENDMENTS

OTHER BENEFITS (cont'd.)

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
PREVENTIVE MEDICAL CARE BENEFIT-NOT COVERED BY MEDICARE Annual physical and preventive tests and services such as: fecal occult blood test, digital rectal exam, mam- mogram, hearing screening, diastolic blood pressure, diabetes screening, thy- roid function test, influenza shot, tetanus and diphtheria booster and education, administered or ordered by your doctor when not covered by Medicare First \$120 each calendar year Additional charges	\$0 \$0	\$120 \$0	\$0 All costs

(Source: Added at _____ Ill. Reg. _____ effective _____)

DEPARTMENT OF INSURANCE

NOTICE OF PROPOSED AMENDMENTS

Section 2008. APPENDIX E M Notice to Applicant Regarding Re-
placement of Accident and Sickness Insurance (Response Other
Than Direct)

Insurance company's name and address

SAVE THIS NOTICE! IT MAY BE IMPORTANT TO YOU IN THE FUTURE

According to (your application) (information you have fur-
nished) you intend to lapse or otherwise terminate existing
accident and sickness insurance and replace it with a policy to
be issued by (Company Name) Insurance Company. Your new policy
will provide thirty (30) days within which you may decide
without cost whether you desire to keep the policy. For your
own information and protection, you should be aware of and
seriously consider certain factors which may affect the insur-
ance protection available to you under the new policy:

You should review this new coverage carefully, comparing
Compare it with all accident and sickness coverage you now
have, and terminate your present policy only if after due
consideration, you find that purchase of this Medicare supple-
ment coverage is a wise decision.

STATEMENT TO APPLICANT BY AGENT-BROKER-OR-OTHER-REPRESENTA-
TIVE:--(Use additional sheets, as necessary)-- INSURANCE PRO-
DUCER:

I have reviewed your current medical or health insurance cover-
age. I believe the replacement of insurance involved in this
transaction materially improves your position.--My conclusion
has been taken into account the following considerations, which I
call to your attention: does not duplicate coverage, to the
best of my knowledge. The replacement policy is being pur-
chased for the following reason(s) (Check one):

- Additional benefits.
- ☐ No change in benefits, but lower premiums.
- ☐ Fewer benefits and lower premiums.
- ☐ Other. (please specify) _____

- 1) Health conditions which you may presently have (pre-
existing conditions) may not be immediately or fully
covered under the new policy. This could result in
denial or delay of a claim for benefits under the new

policy, whereas a similar claim might have been payable under your present policy.

- 2) State law (Section 363(7)(b) of the Illinois Insurance Code, Ill. Rev. Stat. 1989 1990 Supp., ch. 73, par. 975) provides that your replacement policy or certificate may not contain new pre-existing conditions, waiting periods, elimination periods or probationary periods. The insurer will waive any time periods applicable to pre-existing conditions, waiting periods, elimination periods, or probationary periods in the new policy (or coverage) for similar benefits to the extent such time was spent (depleted) under the original policy.

- 3) If you are replacing existing Medicare supplement insurance coverage, you may wish to secure the advice of your present insurer or its agent regarding the proposed replacement of your present policy. This is not only your right, but it is also in your best interest to make sure you understand all the relevant factors involved in replacing your present coverage.

- 4) If, after due consideration, you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical and health history. Failure to include all material medical information on an application may provide a basis for the company to deny any future claims and to refund your premium as though your policy had never been in force. After the application has been completed and before you sign it, reread review it carefully to be certain that all information has been properly recorded. [If the policy or certificate is guaranteed issue, this paragraph need not appear.]

Do not cancel your present policy until you have received your new policy and are sure that you want to keep it.

(Signature of Agent, Broker Insurance Producer or Other Representative)

Typed Name and Address of Agent or Broker Issuer or Insurance Producer

The above "Notice to Applicant" was delivered to me on:

Date

(Applicant's Signature)

Date

(Source: Section 2088 APPENDIX M renumbered from Section 2008 APPENDIX C and amended at Ill. Reg. _____, effective _____)

Section 2088 APPENDIX B N Notice to Applicant Regarding Replacement of Medicare Supplement Insurance (Direct Response) Medicare Supplement Refund Calculation Format

(insurance company's name and address)

SAVE THIS NOTICE! IT MAY BE IMPORTANT TO YOU IN THE FUTURE.

According to (your application) (information you have furnished) you intend to lapse or otherwise terminate existing Medicare supplement insurance and replace it with a policy delivered herewith issued by (Company Name) Insurance Company. Your new policy provides thirty (30) days within which you may decide without cost whether you desire to keep the policy. For your own information and protection, you should be aware of and seriously consider certain factors which may affect the insurance protection available to you under the new policy.

You should review this new coverage carefully, comparing it with all accident and sickness coverage you now have, and terminate your present policy only if after due consideration, you find that purchase of this Medicare supplement coverage is a wise decision.

- i) Health conditions which you may presently have (pre-existing conditions) may not be immediately or fully covered under the new policy. This could result in denial or delay of a claim for benefits under the new policy, whereas a similar claim might have been payable under your present policy.

DEPARTMENT OF INSURANCE

NOTICE OF PROPOSED AMENDMENTS

SECTION 2008. APPENDIX N. MEDICARE SUPPLEMENT REFUND CALCULATION FORMAT

For Calendar Year _____

Type _____ SMSBP (w) _____
For the State of _____
Company Name _____
NAIC Group Code _____ NAIC Company Code _____
Person Completing this Form _____
Title _____ Telephone Number _____

(a) Earned
Premium (x)
(b) Incurred
Claims (y)

Line

1. Current Year's Experience

a. Total (all policy years)

b. Current year's issues (z)

c. Net (for reporting purposes = 1a - 1b)

2. Past Year's Experience (all policy years)

3. Total Experience (net current year + past year's experience)

4. Refunds last year (excluding interest)

5. Previous since Inception (excluding interest)

6. Refunds since Inception (excluding interest)

7. Benchmark Ratio since Inception
(see worksheet for Ratio 1)

8. Experienced Ratio since Inception

Total Actual Incurred Claims (line 3, col. b) / Total Premium After Refunds = Ratio 2

Where Total Earned Premium after Refunds = Total Earned Premiums (line 3, col. a) - Refunds since Inception (line 6)

9. Life Years Exposed Since Inception

If the Experienced Ratio is less than the Benchmark Ratio,
and there are more than 500 life years exposure, then
proceed to calculation of refund.

10. Tolerance Permitted
(obtained from credibility table)

DEPARTMENT OF INSURANCE

NOTICE OF PROPOSED AMENDMENTS

2) State-law-(Section-363(7)(b)-of-the-Illinois-Insurance-Code,-Ill.-Rev-Stat.-1989,-ch.-73,-par.-975)-provides-that-your-replacement-policy-or-certificate-may-not-contain-new-pre-existing-conditions,-waiting-periods,-elimination-periods-or-probationary-periods.-Your-insurer-will-waive-any-time-periods-applicable-to-pre-existing-conditions,-waiting-periods,-elimination-periods,-or-probationary-periods-in-the-new-policy-(or-coverage)-for-similar-benefits-to-the-extent-such-time-was-spent-(depleted)-under-the-original-policy.

3) If-you-are-replacing-existing-Medicare-supplement-insurance-coverage,-you-may-wish-to-secure-the-advice-of-your-present-insurer-or-its-agent-regarding-the-proposed-replacement-of-your-present-policy.-This-is-not-only-your-right,-but-it-is-also-in-your-best-interest-to-make-sure-you-understand-all-the-relevant-factors-involved-in-replacing-your-present-coverage.

4) (To-be-included-only-if-the-application-is-attached-to-the-policy)-If,-after-due-consideration,-you-still-wish-to-terminate-your-present-policy-and-replace-it-with-new-coverage,-read-the-copy-of-the-application-attached-to-your-new-policy-and-be-sure-that-all-questions-are-answered-fully-and-correctly.-Omissions-or-misstatements-in-the-application-could-cause-an-other-wise-valid-claim-to-be-denied.-Carefully-check-the-application-and-write-to-(Company-Name-and-Address) within-thirty-(30)-days-if-any-information-is-not-correct-and-complete,-or-if-any-past-medical-history-is-not-correct-and-complete,-or-if-any-past-medical-history-has-been-left-out-of-the-application.

(Company-Name)

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**WORKSHEET FOR THE CALCULATION OF BENCHMARK RATIO SINCE INCEPTION
FOR GROUP POLICIES**
For Calendar Year _____

(a) Year	(b) Earned Premium	(c) Factor	(d) (b) x (c)	(e) Cumulative Loss Ratio	(f) x (e)	(g) Factor	(h) x (g)	(i) Cumulative Loss Ratio	(j) x (i)	(k) Policy Year Loss Ratio
1		2.770		0.507		0.000		0.000		0.46
2		4.175		0.567		0.000		0.000		0.63
3		4.175		0.567		1.194		0.759		0.75
4		4.175		0.567		2.245		0.771		0.77
5		4.175		0.567		3.170		0.782		0.8
6		4.175		0.567		3.998		0.792		0.82
7		4.175		0.567		4.754		0.802		0.84
8		4.175		0.567		5.445		0.811		0.87
9		4.175		0.567		6.075		0.818		0.88
10		4.175		0.567		6.650		0.824		0.88
11		4.175		0.567		7.176		0.828		0.88
12		4.175		0.567		7.655		0.831		0.88
13		4.175		0.567		8.093		0.834		0.89
14		4.175		0.567		8.493		0.837		0.89
15		4.175		0.567		8.884		0.838		0.89
Total:			(k):	(l):		(m):		(n):		

Benchmark Ratio Since Inception: Ratio 1 = $(l + n) / (k + m)$:

(a): Year 1 is the current calendar year-1

Year 2 is the current calendar year-2 (etc.)

(Example: If the current year is 1991, then Year 1 is 1990; Year 2 is 1989, etc.)

(b): For the calendar year on the appropriate line in column (a), the premium earned during that year for policies issued in that year.

(c): These loss ratios are not explicitly used in computing the benchmark loss ratios. They are the loss ratios on a policy year basis, which result in the cumulative loss ratios displayed on this worksheet. They are shown here for informational purposes only.

(d): "SMSBP" = Standardized Medicare Supplement Benefit Plan

11. Adjustment to Incurred Claims for Credibility

Ratio 3 = Ratio 2 + Tolerance _____

If ratio 3 is more than benchmark ratio (ratio 1), a refund or credit to premium is not required.

If ratio 3 is less than the benchmark ratio, then proceed.

12. Adjusted Incurred Claims = Total Earned Premium (line 3, col. a) - Refunds since Inception (line 6) x Ratio 3 (line 11).

13. Refund = Total Earned Premium after Refunds - Adjusted Incurred Claims (line 12) / Benchmark Ratio (line 11)

Where Total Earned Premium after Refunds = Total Earned Premiums (line 3, col. a) - Refunds since Inception (line 6).

If the amount on line 13 is less than .005 times the annualized premium in force as of December 31 of the reporting year, then no refund is made. Otherwise, the amount on line 13 is to be refunded or credited, and a description of the refund and/or credit against premiums to be used must be attached to this form.

Medicare Supplement Credibility Table

Life Years Exposed Since Inception	Tolerance
10,000 +	0.0%
5,000 - 9,999	5.0%
2,500 - 4,999	7.5%
1,000 - 2,499	10.0%
500 - 999	15.0%
If less than 500, no credibility.	

(w) "SMSBP" = Standard Medicare Supplement Benefit Plan

(x) Includes model loadings and fees charged

(y) Excludes Active Life Reserves

(z) This is to be used as "Issue Year Earned Premium" for 1 of next year's "Worksheet for Calculation of Benchmark Ratios"

I certify that the above information and calculations are true and accurate to the best of my knowledge and belief.

Signature _____

Title _____

Name—please type _____

Date _____

NOTICE OF PROPOSED AMENDMENTS

**WORKSHEET FOR THE CALCULATION OF BENCHMARK RATIO SINCE INCEPTION
FOR INDIVIDUAL POLICIES**

For Calendar Year _____

(a) Year	(b) Earned Premium	(c) Factor	(d) (b) x (c)	(e) Cumulative Loss Ratio	(f) (d) x (e)	(g) Factor	(h) (b) x (g)	(i) Cumulative Loss Ratio	(j) (h) x (i)	(k) Policy Year Loss Ratio
1		2.770		0.442		0.000		0.000		0.4
2		4.175		0.493		0.000		0.000		0.35
3		4.175		0.493		1.194		0.659		0.65
4		4.175		0.493		2.245		0.669		0.67
5		4.175		0.493		3.170		0.678		0.69
6		4.175		0.493		3.998		0.686		0.71
7		4.175		0.493		4.754		0.695		0.73
8		4.175		0.493		5.445		0.702		0.75
9		4.175		0.493		6.075		0.708		0.76
10		4.175		0.493		6.650		0.713		0.76
11		4.175		0.493		7.176		0.717		0.76
12		4.175		0.493		7.655		0.720		0.77
13		4.175		0.493		8.093		0.723		0.77
14		4.175		0.493		8.493		0.725		0.77
15		4.175		0.493		8.684		0.725		0.77
Total:		(k):	(l):	(m):	(n):					

Benchmark Ratio Since Inception: Ratio 1 = $(l + n) / (k + m)$

(a): Year 1 is the current calendar year-1

Year 2 is the current calendar year-2 (etc.)

(Example: If the current year is 1991, then Year 1 is 1990; Year 2 is 1989, etc.)

(b): For the calendar year on the appropriate line in column (a), the premium earned during that year for policies issued in that year.

(c): These loss ratios are not explicitly used in computing the benchmark loss ratios. They are the loss ratios on a policy year basis, which result in the cumulative loss ratios displayed on this worksheet. They are shown here for informational purposes only.

(d): "SMSBP" = Standardized Medicare Supplement Benefit Plan

(Source: Section _____, new Section _____ adopted at _____, effective _____, III. Reg. _____)

NOTICE OF PROPOSED AMENDMENTS

SECTION 2008. APPENDIX EQ. NOTICE ON MEDICARE CHANGES-1999

(Company Name)

NOTICE ON CHANGES IN MEDICARE AND YOUR MEDICARE SUPPLEMENT INSURANCE-1999

The following outline briefly describes the modifications in Medicare and in your Medicare supplement coverage. Please read carefully!

(A brief description of the revisions to Medicare Parts A & B with a parallel description of supplemental benefits with subsequent changes, including dollar amounts, provided by the Medicare supplement coverage in substantially the following format).

Services	Medicare Benefits	Your Medicare Supplement Coverage
	In-1999 Medicare-Pays Part-Calendar-Year	Effective (Insert current calendar year) January 1, 1999 Medicare Will Pay
	Effective (Insert current calendar year) January 1, 1999 Medicare Will Pay	In-1999 Your Coverage-Pays
	Effective (Insert current calendar year) January 1, 1999 Your Coverage Will Pay	
MEDICARE PART A SERVICES AND SUPPLIES		
Inpatient Hospital Services	Unlimited number of hospital-days-after 90-day deductible	All but \$450 first 60 days/ benefit period for 61st-90th days/ benefit period
Semi-Private Room & Board		All but \$149 for 61st-90th days/ benefit period
Miscellaneous Hospital Services and Supplies, such as Drugs, X-Rays, Lab Tests and Operating Room		All but \$296 for 91st-150th days (if individual chooses to use 60 nontransferable lifetime reserve days)
BLOOD	Pays all costs except nonreplacement fees for blood and for first 3 pints in each calendar year Based on deductible-reduced allowable amount under Part-B	
SKILLED NURSING CARE FACILITY CARE	There is no prior authorization required for Part-B benefits	100% of costs for first 20 days (after deductible) and 80% of costs for remainder of confinement/benefit period
	First 6 days: All but \$24.00 for 21st-100th day/ benefit period	All but \$24.00 for 21st-100th day/ benefit period
	81st through 160th day- 40% of costs	Beyond 100 days- Nothing/benefit period
	Beyond 160 days- Nothing	

DEPARTMENT OF INSURANCE

NOTICE OF PROPOSED AMENDMENTS

DEPARTMENT OF INSURANCE

NOTICE OF PROPOSED AMENDMENTS

SECTION 2008, APPENDIX P, MEDICARE SUPPLEMENT POLICIES REPORT

Company Name: _____

Address: _____

Phone Number: _____

Due: March 1, annually

The purpose of this report is to provide information on each resident of this state who has more than one Medicare supplement policy or certificate in force. The information is to be grouped by individual policyholder.

Policy and Certificate # _____ Date of Issuance _____

Signature _____

Name and Title (please type) _____

Date _____

(Source: Added at _____ Ill. Reg. _____ effective _____)

Services	Medicare Benefits	Your Medicare Supplement Coverage
In-1980 Medicare-type Per-Calendar-Year	Effective (Insert current calendar year) January 1, 1980 Medicare Will Pay	In-1980 Year-Coverage-Pays Effective (Insert current calendar year) January 1, 1980 Year Coverage Will Pay
MEDICARE PART B SERVICES & SUPPLIES	80% of allowable charges (after \$25 deductible/ calendar year)	80% of allowable charges (after \$25 deductible/ calendar year)
PRESCRIPTION DRUGS	Incident prescription drugs except 50% of allowable charges for immunosuppressive drugs during the first year following a covered transplantation (after a \$75 deductible/calendar year)	Incident prescription drugs except 80% of allowable charges for immunosuppressive drugs during the first year following a covered transplantation (after a \$75 deductible/calendar year)
BLOOD	50% of all costs except replacement fees (blood deductible) for first 3 pints (after \$75 deductible/calendar year)	50% of all costs except replacement fees (blood deductible) for first 3 pints (after \$75 deductible/calendar year)

(Any other policy benefits not mentioned in this chart should be added to the chart in the order prescribed by the outline of coverage. If there are corresponding Medicare benefits, they should be shown.)

(Describe any coverage provisions changing due to Medicare modifications.)

(Include information about when premium adjustments that may be necessary due to changes in Medicare benefits will be effective.)

THIS CHART SUMMARIZING THE CHANGES IN YOUR MEDICARE BENEFITS AND IN YOUR MEDICARE SUPPLEMENT PROVIDED BY (COMPANY) ONLY BRIEFLY DESCRIBES SUCH BENEFITS. FOR INFORMATION ON YOUR MEDICARE BENEFITS CONTACT YOUR SOCIAL SECURITY OFFICE OR THE HEALTH CARE FINANCING ADMINISTRATION. FOR INFORMATION ON YOUR MEDICARE SUPPLEMENT (POLICY) CONTACT: (COMPANY AND FOR AN INDIVIDUAL POLICY-NAME OF AGENT) (ADDRESS/PHONE NUMBER)

(Source: Amended at _____ Ill. Reg. _____ effective _____)

1) The Heading of the Part: TOXIC AIR CONTAMINANTS

2) Code Citation: 35 Ill. Adm. Code 232

3) Section Number: Proposed Action:

232.100	New Section
232.110	New Section
232.120	New Section
232.130	New Section
232.200	New Section
232.210	New Section
232.300	New Section
232.310	New Section
232.320	New Section
232.400	New Section
232.410	New Section
232.500	New Section
232.APPENDIX A	New Section
232.APPENDIX B	New Section
232.APPENDIX C	New Section

4) Statutory Authority: Section 9.5 and 27 of the Environmental Protection Act (Ill. Rev. Stat. 1989, ch. 111 1/2, pars. 1009.5 and 1027)

5) A Complete Description of the Subjects and Issues Involved:
This rule identifies and adopts a list of toxic air contaminants in Illinois and provides carcinogen references and a toxicity scoring protocol. For greater detail, please see the Board's opinion and order in R90-1 dated September 26, 1991.

6) Will this proposed rule replace an emergency rule currently in effect? No.

7) Does this rulemaking contain an automatic repeal date? No.

8) Does this proposed amendment contain incorporations by reference?

Yes. This Part incorporates rules and regulations of agencies of the United States, and rules, regulations, standards or guidelines of nationally recognized organizations or associations, and guidelines or standards of agencies of the United States.

9) Are there any other amendments pending on this Part? No.

10) Statement of Statewide Policy Objectives:

The statewide policy objectives for this rule are contained in Section 9.5 of the Act. In short, the objective is to identify and adopt a list of toxic air contaminants in Illinois. The list published under this subsection includes any contaminant which may cause or significantly contribute to an increase in mortality or an increase in serious irreversible or incapacitating reversible illness, or may pose a significant threat to human health or the environment.

11) Time, Place and Manner in which interested persons may comment on this proposed rulemaking:

The Board will receive written public comment for 45 days after this publication. Comments should reference Docket R90-1, and be addressed to:

Ms. Dorothy M. Gunn, Clerk
Illinois Pollution Control Board
SOIC, Suite 11-500
100 W. Randolph St.
Chicago, IL 60601

12) Initial Regulatory Flexibility Analysis (if applicable):

A) Date rule submitted to Business Assistance Office of the Department of Commerce and Community Affairs:

October 3, 1991

B) Types of small businesses affected:

Those small businesses which emit toxic air contaminants.

C) Reporting, bookkeeping or other procedures required for compliance:

New and existing sources must report the nature, specific source and amount of toxic air contaminant emissions.

D) Types of professional skills necessary for compliance:

Clerical, bookkeeping

The full text of the proposed amendments begins on the next page:

TITLE 35: ENVIRONMENTAL PROTECTION
SUBTITLE B: AIR POLLUTION
CHAPTER I: POLLUTION CONTROL BOARD
SUBCHAPTER f: TOXIC AIR CONTAMINANTS

PART 232
TOXIC AIR CONTAMINANTS

SUBPART A: GENERAL PROVISIONS

Section
232.100
232.110
232.120
232.130

Introduction
Incorporations by Reference
Definitions
Applicability

SUBPART B: DETERMINATION OF A TOXIC AIR CONTAMINANT

Section
232.200
232.210

Characteristics for Determining a Toxic Air Contaminant
Listing of a Toxic Air Contaminant

SUBPART C: PROCEDURES FOR EVALUATING CHARACTERISTICS
OF A TOXIC AIR CONTAMINANT

Section
232.300
232.310
232.320

Purpose
Procedures for Determining the Toxicity Score
Carcinogen Classification

SUBPART D: IDENTIFICATION REQUIREMENTS FOR EMISSION SOURCES

Section
232.400
232.410

Purpose
Identification Requirements

SUBPART E: LISTING AND DELISTING

Section
232.500

Procedures for Listing and Delisting Toxic Air
Contaminants

APPENDIX A

List of Toxic Air Contaminants

APPENDIX B

Additional Procedures for Calculating the Chronic
Toxicity Score

APPENDIX C

Categories A, B1, and B2 Carcinogens of the
Reference United States Environmental Protection
Agency, Office of Health and Environmental
Assessment, Integrated Risk Information System
(IRIS), as of December 31, 1989

AUTHORITY: Implementing Section 9.5 and authorized by Section 27
of the Environmental Protection Act (Ill. Rev. Stat. 1989, ch.

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111 1/2, pars. 1009.5 and 1027).
SOURCE: Adopted in R90-1 at

Ill. Reg. , effective

SUBPART A: GENERAL PROVISIONS

Section 232.100 Introduction

This Part establishes a program to identify toxic air contaminants. It includes a list of toxic air contaminants, the procedures to determine a toxic air contaminant, the procedures to amend the list, and identification requirements for new and existing emission sources.

Section 232.110 Incorporations by Reference

- a) The following materials are incorporated by reference:

American Conference of Governmental Industrial Hygienists (ACGIH). Threshold Limit Values and Biological Exposure Indices for 1989-90 (1989). Document can be obtained from: 6500 Glenway Avenue, Building D-7, Cincinnati, Ohio 45211-4438.

Good Laboratory Practice Standards, 21 CFR 58 (1990).

Good Laboratory Practice Standards, 40 CFR 160 (1989).

Good Laboratory Practice Standards, 40 CFR 792 (1990).

Organization for Economic Co-operation and Development (OECD). OECD Guidelines For Testing of Chemicals, Appendix: Good Laboratory Practice [C(81)30(Final)] (November, 1989). Document can be obtained from: OECD Publications and Information Centre, 2001 L Street, N.W., Suite 700, Washington, D.C. 20036-4095.

United States Department of Health and Human Services, Public Health Service, National Toxicological Program (NTP). Fifth Annual Report on Carcinogens (1989). Document can be obtained from: National Technical Information Service, 5285 Port Royal Road, Springfield, Virginia 22161.

World Health Organization, International Agency for Research on Cancer (IARC). Monographs on the Evaluation of Carcinogenic Risks to Humans, Overall Evaluations of Carcinogenicity: An Updating of IARC

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Monographs Volumes 1 to 42, Supplement 7 (1987). Document can be obtained from: WHO Publications Centre USA, 49 Sheridan Avenue, Albany, New York 12210.

- b) This Section incorporates no future editions or amendments.

Section 232.120 Definitions

The definitions of 35 Ill. Adm. Code 201.102, 211.122 and 215.104 apply to this Part, as well as the definitions contained in this Section. Where a definition contained in this Section is more specific than those found in 35 Ill. Adm. Code 201.102, 211.122 and 215.104, it must take precedence in application of this Part.

"Adverse health effect" means a health injury or disease that may be produced by exposure to a contaminant. This includes any decrement in the function of an organ or organ system or any subclinical organ lesion that is likely to lead to a decrement in an organ or organ system function.

"Critical gestation days" means the days during which the formation and differentiation of organs and organ systems occurs during embryonic development.

"Emits" or "Emission" or "Emitted" means any non-accidental release into the atmosphere from an emission source or air pollution control equipment, or fugitive emissions defined according to 35 Ill. Adm. Code 203.124.

"LC50" means the concentration in air of a contaminant that kills, or is estimated to kill, 50 per cent of a population of laboratory animals where the exposure is brief (8 hours or less) and where the route of exposure is inhalation.

"LD50" means the dose of a contaminant that kills, or is estimated to kill, 50 percent of a population of laboratory animals where the route of exposure is ingestion.

"Lowest observed adverse effect level" means the lowest experimentally determined dose at which a statistically or biologically significant indication of the toxic effect of concern is observed.

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"New emission source" means an emission source or air pollution control equipment for which a construction permit is required by 35 Ill. Adm. Code 201 after (the effective date of these rules); or an emission source or air pollution control equipment for which an operating permit is required by 35 Ill. Adm. Code 201, where the owner or operator failed to apply for a construction permit and applies for the first operating permit.

"No observed effect" means the condition where no adverse health effect has been detected.

"Toxic air contaminant" means a contaminant identified pursuant to Section 232.200 and listed in Appendix A.

Section 232.130 Applicability

The requirements of this Part do not apply to the following:

- a) RETAIL DRY CLEANING OPERATIONS;
- b) RETAIL AND NONCOMMERCIAL STORAGE AND HANDLING OF MOTOR FUELS;
- c) COMBUSTION PROCESSES USING ONLY COMMERCIAL FUEL, INCLUDING INTERNAL COMBUSTION ENGINES; AND
- d) INCIDENTAL OR MINOR SOURCES INCLUDING LABORATORY-SCALE OPERATIONS, AND SUCH OTHER SOURCES OR CATEGORIES OF SOURCES WHICH ARE DETERMINED BY THE BOARD TO BE OF MINOR SIGNIFICANCE. (Section 9.5(e) of the Act)

SUBPART B: DETERMINATION OF A TOXIC AIR CONTAMINANT

Section 232.200 Characteristics for Determining a Toxic Air Contaminant

A TOXIC AIR CONTAMINANT IS A CONTAMINANT WHICH THE BOARD FINDS MAY CAUSE OR SIGNIFICANTLY CONTRIBUTE TO AN INCREASE IN MORTALITY OR AN INCREASE IN SERIOUS IRREVERSIBLE OR INCAPACITATING REVERSIBLE ILLNESS, OR MAY POSE A SIGNIFICANT THREAT TO HUMAN HEALTH OR THE ENVIRONMENT. (Section 9.5(c) of the Act) Unless shown by evidence to not meet the above definition, contaminants which meet the following criteria are presumed to be toxic air contaminants:

- a) The contaminant has a Toxicity Score of 3 or greater

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using the procedures for determining the Toxicity Score described in Section 232.310, or

- b) The contaminant is classified as a carcinogen according to Section 232.320.

Section 232.210 Listing of a Toxic Air Contaminant

The Agency will propose to the Board for listing any contaminant which has been determined by the Agency to meet the characteristics identified in Section 232.200. The contaminants found by the Board to be toxic air contaminants are listed in Appendix A.

SUBPART C: PROCEDURES FOR EVALUATING CHARACTERISTICS OF A TOXIC AIR CONTAMINANT

Section 232.300 Purpose

This Subpart identifies the procedures used to evaluate the characteristics of a toxic air contaminant. The Agency will use these procedures in proposing to list or delist toxic air contaminants in Appendix A.

Section 232.310 Procedures for Determining the Toxicity Score

The Toxicity Score is the sum of the Acute Lethality Score and the Chronic Toxicity Score. The Acute Lethality Score is a number which indicates a contaminant's potential to cause death. The Chronic Toxicity Score is a number which indicates a contaminant's potential to cause adverse health effects after chronic exposure.

a) Procedure for Determining the Acute Lethality Score

- 1) The Acute Lethality Score is derived from toxicological studies using laboratory rats. One of two routes of exposure is used: inhalation or ingestion. Values derived from inhalation are used in preference to values derived from ingestion.
- 2) The Acute Lethality Score is derived from the following table:

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Inhalation Concentration (LC50)

	Acute Lethality Score
Less than: 500 mg/cu. m	3
500-4,999 mg/cu. m	2
5,000-50,000 mg/cu. m	1
Greater than: 50,000 mg/cu. m	0

or, if the above data are not available:

Ingestion Dose (LD50)	Acute Lethality Score
Less than: 50 mg/kg	3
50-499 mg/kg	2
500-5,000 mg/kg	1
Greater than: 5,000 mg/kg	0

- b) Procedure for Determining the Chronic Toxicity Score
The Chronic Toxicity Score is the product of the Lowest Toxic Dose Score and the Severity of Effects Score.

- 1) Procedure for Determining the Lowest Toxic Dose Score

The Lowest Toxic Dose Score is a number based upon the lowest dose of a contaminant that causes an observable adverse health effect. The Lowest Toxic Dose Score is derived from the following table:

Dose	Lowest Toxic Dose Score
Less than: 5 mg/kg/day	1
5-50 mg/kg/day	2/3
Greater than: 50 mg/kg/day	1/3

- 2) Procedure for Determining the Severity of Effects Score

The Severity of Effects Score is a number based upon the category of organ(s) affected and the level of effect upon the organ(s).

A) Organ Categories

There are three categories of organs or organ

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systems which are identified as follows:

Category	Description
----------	-------------

- i) Category I
Category I includes: organs, the impairment or loss of which is fatal or usually cannot be compensated for by the body; gonads, the loss of which prevents the transmission of genetic material; and, adverse reproductive outcome including stillbirth, miscarriage, or reduced litter size (animal studies). The Category I organs are: Lungs, Heart, Brain, Spinal Cord, Kidneys, Liver, Bone Marrow, and Gonads.

- ii) Category II

Category II includes: organs, the impairment or loss of which may be fatal, but which can be compensated for by drug or replacement therapy; adverse effect on an immune function which may be life threatening; changes in the composition or function of blood constituents which may be life threatening; and, certain fetotoxic effects including premature birth, reduced birth weight, and reduced morphometric parameters. The Category II organs are: Adrenals, Thyroids, Parathyroids, pituitary, Pancreas, Esophagus, Stomach, Small Intestine, Large Intestine, Lymph

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Nodes, Thymus, Trachea.

iii) Category III

Category III includes: organs, the impairment or loss of which is not life threatening but may result in functional or emotional handicaps; adverse effect on an immune function which is not life threatening; changes in the composition or function of blood which are not life threatening but may result in functional handicaps. Category III organs include, but are not limited to: Oviducts, Epididymides, Uterus, Prostate, Seminal Vesicles, Ductus Deferens, Penis, Vagina, Eyes, Bone, Nose, Periphereal Nerves, Muscles, Urinary Bladder, Blood Vessels, Ears, Gallbladder, Larynx, Mammary Glands, Salivary Glands, Skin, Spleen, Tongue, Teeth, Ureter, Urethra, Pharynx.

B) Levels of Effect

There are four levels of effect: Serious Irreversible ("SI"); Serious Reversible ("SR"); Non-serious Irreversible ("NI"); and Non-serious Reversible ("NR").

- i) A serious effect is an incapacitating condition or a condition which significantly contributes to an increase in mortality.
- ii) A non-serious effect is a non-incapacitating condition or a condition which is unlikely to

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contribute to an increase in mortality.

iii) An irreversible effect is one that is permanent or would require medical treatment to correct.

iv) A reversible effect is a temporary effect.

C) Table of Severity of Effects Scores

The Severity of Effects Score for any level of effect observed in an organ belonging to a specified organ category is derived from the following table:

Level of Effect	Organ Category		
	I	II	III
SI	6	5	4
SR	5	4	3
NI	4	3	2
NR	3	2	1
No Observed Effect	0	0	0

D) When a study identifies an adverse health effect on multiple organs within the same category at the lowest observed adverse effect level, the Severity of Effects Score is increased by a value of 1. In no event can the Severity of Effects Score be greater than 6.

- 3) Additional procedures for calculating the Chronic Toxicity Score are described in Appendix B.

Section 232.320 Carcinogen Classification

a) For purposes of this Part, the Agency will consider a contaminant to be a carcinogen if it is classified in the following manner:

- 1) A Category A1 or A2 Carcinogen by ACIH; or
- 2) A Category 1 or 2A/2B Carcinogen by IARC; or

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- 3) A "Human Carcinogen" or "Anticipated Human Carcinogen" by NTP; or
- 4) A Category A or B1/B2 Carcinogen by the United States Environmental Protection Agency (USEPA) in IRIS or a Final Rule issued in a Federal Register notice by the USEPA as of the effective date of this regulation.
- b) If a contaminant is identified as an IARC 2B or NTP "Anticipated Human Carcinogen," and that contaminant is also identified as a C Carcinogen by the United States Environmental Protection Agency (USEPA) in the IRIS reference or a Final Rule issued in a Federal Register notice by the USEPA as of the effective date of this regulation, then the Agency will not consider that contaminant to be a carcinogen for the purposes of this Part.
- c) The references ACGIH, IARC, and NTP are incorporated by reference in Section 232.110. The reference IRIS is the United States Environmental Protection Agency, Office of Health and Environmental Assessment, Integrated Risk Information System. The categories A, B1, and B2 carcinogens of IRIS as of December 31, 1989, are listed in Appendix C.

SUBPART D: IDENTIFICATION REQUIREMENTS FOR EMISSION SOURCES

Section 232.400 Purpose

This Subpart establishes toxic air contaminant identification requirements for new emission sources and for existing sources at time of permit renewal.

Section 232.410 Identification Requirements

Owners or operators of new emission sources or existing sources shall identify with each new permit application or renewal application for that emission source, by name and Chemical Abstract Service Number where applicable, the nature, specific source and quantity of each toxic air contaminant identified in Appendix A, which is or will be emitted by the source.

SUBPART E: LISTING AND DELISTING

Section 232.500 Procedures for Listing and Delisting Toxic Air Contaminants

- a) Any person can propose to the Board to list or delist a toxic air contaminant.
- b) The proposal to list a contaminant as a toxic air contaminant, or to delist a toxic air contaminant, must include, at a minimum, the following:
 - 1) The contaminant or toxic air contaminant name and Chemical Abstract Service Number where applicable;
 - 2) The basis for listing or delisting pursuant to Section 232.200;
 - 3) A copy of each study or report used to justify the proposal.
- c) The Agency shall participate in each proposal to list or delist a toxic air contaminant and must provide the Board with a recommendation as to advisability of listing or delisting. Such recommendation must include a toxicity scoring pursuant to Section 232.300 and a carcinogen classification pursuant to Section 232.310.
- d) The Agency will propose an update of the list of toxic air contaminants to the Board no less frequently than once every 2 years.

Section 232.APPENDIX A: List of Toxic Air Contaminants

Chemical Name

Chemical Abstract Service Number

Acetaldehyde	75-07-0
Acetamide	60-35-5
Acetonitrile	75-05-8
Acetophenone	98-86-2
Acrolein	107-02-8
Acrylamide	79-06-1
Acrylic acid	79-10-7
Acrylonitrile	107-13-1
Aldrin	309-00-2
Allyl chloride	107-05-1
2-Aminanthraquinone	117-79-3

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4-Aminoazobenzene	60-09-3
o-Aminoazotoluene	93-56-3
4-Aminobiphenyl	92-67-1
1-Amino-2-methylantraquinone	82-28-0
Amitrole	61-82-5
Ammonia	7664-41-7
Aniline	62-53-3
o-Anisidine	90-04-0
o-Anisidine hydrochloride	134-29-2
Antimony	7440-36-0
Arsenic	7440-38-2
Asbestos (friable)	1332-21-4
Azobenzene	103-33-3
Benz(a)anthracene	56-55-3
Benzene	71-43-2
Benzidine	92-87-5
Benzo(a)pyrene	50-32-8
Benzo(b)fluoranthene	205-99-2
Benzo(j)fluoranthene	205-83-3
Benzo(k)fluoranthene	207-08-9
Benzotrichloride	98-07-7
Benzyl chloride	100-44-7
Beryllium violet	1694-09-3
Beryllium oxide	7440-41-7
Biphenyl	1304-56-9
Boron trifluoride	92-52-4
Bromoform	7637-07-2
1,3-Butadiene	75-25-2
Butyl benzyl phthalate	106-99-0
beta-Butyrolactone	85-68-7
C.I. Basic Red 9 monohydrochloride	3063-88-0
Cadmium	569-61-9
Cadmium oxide	7440-43-9
Caprolactam	1306-19-0
Carbaryl	105-60-2
Carbofuran	63-25-2
Carbon black	1563-66-2
Carbon disulfide	1333-86-4
Carbon tetrachloride	75-15-0
Carbosulfan	56-23-5
Chloramben	55285-14-8
Chlordane	133-90-4
Chlorinated dibenzodioxins	57-74-9
Chlorinated dibenzofurans	--
Chlorendic acid	--
Alpha-Chlorinated toluenes	115-28-6
Chlorinated paraffins (C12, 60% chlorine)	108171-26-2

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Chlorine	7782-50-5
Chloroacetic acid	79-11-8
Chlorobenzene	108-90-7
Chloroform	67-66-3
Chloromethyl methyl ether	107-30-2
4-Chloro-2-methylpropene	563-47-3
4-Chloro-o-phenylenediamine	95-83-0
p-Chloro-o-toluidine	95-69-2
Chloroprene	126-99-8
Chromium	7440-47-3
Chromium VI	18540-29-9
Chrysene	218-01-9
Coal tar (pitch) volatiles	65996-93-2
Cobalt	7440-48-4
Coke Oven Emissions	--
Copper	7440-50-8
p-Cresidine	120-71-8
Creosote (Coal)	8001-58-9
Cresol (mixed isomers)	1319-77-3
Cyanazine	21725-46-2
Cyclohexanone	108-94-1
DDD	72-54-8
DDE	72-55-9
DDT	50-29-3
2,4-Diaminoanisole	615-05-4
2,4-Diaminoanisole sulfate	39156-41-7
4,4'-Diaminodiphenyl ether	101-80-4
2,4-Diaminotoluene	95-80-7
Dibenzo(a,h)acridine	226-36-8
Dibenzo(a,h)acridine	224-42-0
Dibenzo(a,h)anthracene	53-70-3
Dibenzo(a,e)pyrene	192-65-4
Dibenzo(a,h)pyrene	189-64-0
Dibenzo(a,i)pyrene	189-55-9
Dibenzo(a,l)pyrene	191-30-0
Dibutyl phthalate	84-74-2
1,2-Dibromo-3-chloropropane	96-12-8
1,2-Dibromoethane [ethylene dibromide]	106-93-4
3,3'-Dichlorobenzidine	91-94-1
3,3'-Dichlorobenzidine dihydrochloride	612-83-9
Dichloroethyl ether	111-44-4
2,4-Dichlorophenoxyacetic acid [2,4-D]	94-75-7
1,2-Dichloropropane	78-87-5
1,3-Dichloropropylene	542-75-6
Dichlorvos	62-73-7
Dieldrin	60-57-1
Diepoxybutane	1464-53-5
1,2-Diethylhydrazine	1615-80-1

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Di(2-ethylhexyl) phthalate	117-81-7
Diethyl sulfate	64-67-5
Diglycidyl resorcinol ether	101-90-6
3,3'-Dimethoxybenzidine	119-90-4
Dimethyl acetamide	127-19-5
4-Dimethylaminoazobenzene	60-11-7
3,3'-Dimethylbenzidine [o-Tolidine]	119-93-7
Dimethylcarbamoyl chloride	79-44-7
Dimethyl formamide	68-12-2
1,1-Dimethylhydrazine	57-14-7
1,2-Dimethylhydrazine	540-73-8
Dimethyl sulfate	77-78-1
Dinitroresol	534-52-1
2,4-Dinitrophenol	51-28-5
2,4-Dinitrotoluene	121-14-2
1,4-Dioxane	123-91-1
1,2-Diphenylhydrazine	122-66-7
Disulfoton	298-04-4
Endothall	145-73-3
Epichlorohydrin	106-89-8
2-Ethoxyethanol	110-80-5
Ethyl acrylate	140-88-5
Ethylene dichloride	107-06-2
Ethylene oxide	75-21-8
Ethylene thiourea	96-45-7
Etridiazole	2593-15-9
PMC-67825	95465-99-9
Fluorine	7782-41-4
Folpet	133-07-3
Formaldehyde	50-00-0
Furmecyclox	60568-05-0
Heptachlor	76-44-8
Hexachlor epoxide	1024-57-3
Hexachloro-1,3-butadiene	118-74-1
Hexachlorocyclopentadiene	87-68-3
Hexachlorodibenzo-p-dioxin	19408-74-3
Hexachloroethane	67-72-1
Hexamethylphosphoramide	680-31-9
Hydrazine	302-01-2
Hydrazine sulfate	10034-93-2
Hydrogen cyanide	74-90-8
Indeno(1,2,3-cd)pyrene	193-39-5
Isophorone diisocyanate	4098-71-9
Lead	7439-92-1
Lindane (alpha)	319-84-6
Lindane (beta)	319-85-7
Lindane (gamma)	58-89-9

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Lindane (mixed isomers)	608-73-1
Linuron	330-55-2
Malathion	121-75-5
Manganese	7439-96-5
Mercury	7439-97-6
2-Methoxyethanol	109-86-4
2-Methoxyethanol acetate	110-49-6
5-Methylchrysene	3697-24-3
4,4'-Methylenebis(2-chloroaniline)	101-14-4
Methylenebis(phenylisocyanate)	101-68-8
4,4'-Methylenebis(N,N'-dimethyl) benzenamine	101-61-1
Methylene chloride	75-09-2
4,4'-Methylenedianiline	101-77-9
4,4'-Methylenedianiline dihydrochloride	13552-44-8
Methyl hydrazine	60-34-4
Methyl iodide	74-88-4
Methyl mercaptan	74-93-1
N-Methyl-N'-nitro-N-nitrosoguanidine	70-25-7
Metolachlor	51218-45-2
Michler's Ketone	90-94-8
Mirex	2385-85-5
Monoethanolamine	141-43-5
beta-Naphthylamide	91-59-8
Nickel	7440-02-0
Nitric acid	7697-37-2
Nitrotriacetic acid	139-13-9
Nitrobenzene	98-95-3
5-Nitro-o-anisidine	99-59-2
2-Nitropropane	79-46-9
N-Nitroso-n-butyl-N-(3-carboxypropyl) amine	38252-74-3
N-Nitroso-n-butyl-N-(4-hydroxybutyl) amine	3817-11-6
N-Nitrosodi-n-butylamine	924-16-3
N-Nitrosodiethanolamine	1116-54-7
N-Nitrosodiethylamine	55-18-5
N-Nitrosodimethylamine	62-75-9
N-Nitrosodiphenylamine	86-30-6
N-Nitrosodi-n-propylamine	621-64-7
N-Nitroso-N-ethylurea	759-73-9
3-(N-Nitrosomethylamino) propionitrile	60153-49-3
N-Nitrosomethylamine	10595-95-6
N-Nitroso-N-methylurea	684-93-5
N-Nitrosomethylvinylamine	4549-40-0
N-Nitrosomorpholine	59-89-2
N-Nitrosomornicotine	16543-55-8
N-Nitrosopiperidine	100-75-4
N-Nitrosopyrrolidine	930-55-2
N-Nitrososarcosine	13256-22-9
Nitrofen	1836-75-5

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Pentachloronitrobenzene
Pentachlorophenol
Peracetic acid
Phenol
Phenylhydrazine
Phorate
Phosphorus
Phosphorus oxochloride
Phosphorus pentachloride
Polybrominated biphenyls
Polychlorinated biphenyls
Potassium bromate
Propane sulfone
beta-Propiolactone
Propyleneimine
Propylene oxide
Pyrene
Quinoline
Selenium
Sodium borate
Styrene oxide
Sulfallate
Sulfuric acid
Terbufos
1,1,2,2-Tetrachloroethane
Tetrachloroethylene
2,3,7,8-Tetrachlorodibenzo-p-dioxin
4,4'-Thiodianiline
Thiophenol
Thiourea
Thorium dioxide
Toluene
Toluene-2,4-diisocyanate
Toluene-2,6-diisocyanate
o-Toluidine
o-Toluidine hydrochloride
p-Toluidine
Toxaphene
1,2,4-Trichlorobenzene
Trichloroethylene
2,4,6-Trichlorophenol
Trimethyl benzene
1,2,4-Trimethyl benzene
2,4,6-Trinitrotoluene
Tris(2,3-dibromopropyl) phosphate
Trypan blue
Urethane [Ethyl carbamate]
Vinyl bromide

82-68-8
87-86-5
79-21-0
108-95-2
100-63-0
298-02-2
7723-14-0
10025-87-3
10026-13-8
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1336-36-3
7758-01-2
1120-71-4
57-57-8
75-55-8
75-56-9
129-00-0
92-22-5
7782-49-2
1303-96-4
96-09-3
95-06-7
7664-93-9
13071-79-9
79-34-3
127-18-4
1746-01-6
139-65-1
108-98-5
62-56-6
1314-20-1
108-88-3
584-84-9
91-08-7
95-53-4
636-21-5
106-49-0
8001-35-2
120-82-1
79-01-6
88-06-2
2551-13-7
95-63-6
118-96-7
126-72-7
72-57-1
51-79-6
593-60-2

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Vinyl chloride
Vinylidene chloride
Antimony compounds
Includes any unique chemical substance that contains antimony as part of that chemical's infrastructure
Arsenic compounds
Includes any unique chemical substance that contains arsenic as part of that chemical's infrastructure
Beryllium compounds
Includes any unique chemical substance that contains beryllium as part of that chemical's infrastructure
Cadmium compounds
Includes any unique chemical substance that contains cadmium as part of that chemical's infrastructure
Chromium compounds
Includes any unique chemical substance that contains chromium as part of that chemical's infrastructure
Cobalt compounds
Includes any unique chemical substance that contains cobalt as part of that chemical's infrastructure
Cyanide compounds
x(pos) CN(neg) where X = H(pos) or any other group where a formal dissociation can be made. For example, KCN or Ca(CN)₂
Lead compounds
Includes any unique chemical substance that contains lead as part of that chemical's infrastructure
Manganese compounds
Includes any unique chemical substance that contains manganese as part of that

75-01-4
75-35-4
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chemical's infrastructure

Mercury compounds

Includes any unique chemical substance that contains mercury as part of that chemical's infrastructure

Nickel compounds

Includes any unique chemical substance that contains nickel as part of that chemical's infrastructure

Section 232.APPENDIX B Additional Procedures for Calculating the Chronic Toxicity Score

- a) Procedures to be used in selecting chronic toxicity studies.
- 1) Chronic toxicity studies in which all of the items in subsection (a)(1)(A) of this appendix are identified or measured with adequate specificity to use the equations in subsection (b) of this appendix are to be given first preference.
- A) Study items to be identified or measured:
- i) Test species;
- ii) Contaminant dose;
- iii) Duration of exposure must be at least 21 days, except for developmental studies in animals, in which case the duration of exposure must be during critical gestation days;
- iv) Route of exposure; and
- v) Effect of exposure.
- B) In the event that two or more studies are available in which the items in subsection (a)(1)(A) are deemed to have been identified or measured, but which give inconsistent results, the study must be selected by the following procedures:
- i) In the event that two or more studies

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are laboratory animal toxicity studies, the study that is conducted in accordance with or consistent with Good Laboratory Practice Standards must be used. Good Laboratory Practice Standards are incorporated by referenced in Section 232.110.

- ii) In the event that the application of the procedure in subsection (1) fails to result in the selection of one study, then the study that results in the highest Chronic Toxicity Score must be used.

- 2) Studies that identify or measure all of the items in subsection (a)(1)(A) of this appendix except for the contaminant dose, must be given second preference.

- A) For a second preference study, the Lowest Toxic Dose Score for a given species and a given route of exposure must be determined according to the following table:

Species	Route of Exposure	Lowest Toxic Dose Score
Human	Inhalation	1
Human	Non-inhalation	2/3
Non-human	Inhalation	2/3
Non-human	Non-inhalation	1/3

- B) In the event that two or more second preference studies are available, the study that results in the highest Chronic Toxicity Score must be used.

- 3) A contaminant for which there are insufficient data in the study to identify the elements of either a first or second preference study, must be determined to have no data and be assigned a Chronic Toxicity Score of 0.

- b) The following general equation must be used to obtain the dose in units of milligram per kilogram per day for the oral, gavage and inhalation routes of exposure: Dose = (1)(C)(TCF)/UF

- 1) For the routes of exposure listed below, use the

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following:

TCF=Time Correction Factor of 1, unless the exposure was intermittent, in which case the fraction of time during which exposure occurred is used (e.g., 5 days/week = $5/7 = 0.71$).

UF= Uncertainty Factor of 10, used only when data are for exposure periods less than 90 days. In the case of fetotoxicity and teratogenicity studies, an Uncertainty Factor of 1 must be used.

2) Where the exposure is oral use the following:

A) Oral Exposure via Food:

I= Food Intake in kilogram of food ingested per kilogram of body weight per day (kg/kg-d) (refer to Chart 1 for standard values);

C= Contaminant Concentration in food in units of milligram per kilogram (mg/kg); or

B) Oral Exposure via Water:

I= Water Intake in liter of water ingested per kilogram of body weight per day (L/kg-d) (refer to Chart 1 for standard values);

C= Contaminant Concentration in water in units of milligram per liter (mg/L);

3) Where the exposure is via gavage use the following:

The product (I X C) in the above equation must be replaced by Gavage Dose (GD) in units of milligram of contaminant ingested per kilogram of body weight per day (mg/kg-d); or

4) Where the exposure is via inhalation use the following:

I= Air intake in cubic meter of air inhaled per kilogram of body weight per day (cu.m/kg-d) measured as the product of Ventilation Rate (VR) (refer to Chart 1 for standard values) and Inhalation retention factor (RF) (assumed to be 0.5 for this procedure);

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C= Contaminant Concentration in air in units of milligram per cubic meter (mg/cu.m).

Chart 1
Summary of Physiological Parameters

Species	Water Intake L/kg/day	Food Intake kg/kg/day	Ventilation cu.m/kg/day
Cat	0.100	0.050	0.46
Dog	0.025	0.025	0.31
Guinea Pig	0.075	0.040	0.58
Human	0.029	0.025	0.26
Monkey	0.14	0.07	0.32
Mouse	0.25	0.15	1.44
Rabbit	0.065	0.030	0.46
Rat	0.10	0.050	0.66

Section 232.APPENDIX C: Categories A, B1, and B2 carcinogens of the Reference United States Environmental Protection Agency, Office of Health and Environmental Assessment, Integrated Risk Information System (IRIS), as of December 31, 1989

Chemical Name	CAS Number	Category
Acetaldehyde	000075-07-0	B2
Acrylamide	000079-06-1	B2
Acrylonitrile	000107-13-1	B1
Aldrin	000309-00-2	B2
Aniline	000062-53-3	B2
Arsenic	007440-38-2	A
Azobenzene	000103-33-3	B2
Benzene	000071-43-2	A
Benzidine	000092-87-5	A
Benzo(a)pyrene	000050-32-8	B2
Benzyl chloride	000100-44-7	B2
Beryllium	007440-41-7	B2
Bis(2-ethylhexyl) phthalate	000117-81-7	B2
Bis(chloroethyl) ether	000111-44-4	B2
Bis(chloromethyl) ether	000542-88-1	A
1,3-Butadiene	000106-99-0	B2
Cadmium	007440-43-9	B1
Carbon Tetrachloride	000056-23-5	B2

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Chlordane	000057-74-9	B2
Chloroform	000067-66-3	B2
Chloromethyl Methyl Ether	000107-30-2	A
Chromium(VI)	18540-29-9	A
Coke Oven Emissions	008007-45-2	A
Creosote	008001-58-9	B1
DDD	000072-54-8	B2
DDE	000072-55-9	B2
DDT	000050-29-3	B2
1,2-Dichloroethane	000107-06-2	B2
1,3-Dichloropropene	000542-75-6	B2
Dichlorovos	000062-73-7	B2
Dieldrin	000060-57-1	B2
Dimethyl Sulfate	000077-78-1	B2
1,4-Dioxane	000123-91-1	B2
1,2-Diphenylhydrazine	000122-66-7	B2
Epichlorohydrin	000106-89-8	B2
Ethylene Dibromide	000106-93-4	B2
Folpet	000133-07-3	B2
Formaldehyde	000050-00-0	B1
Furmecyclox	060568-05-0	B2
Heptachlor	000076-44-8	B2
Heptachlor Epoxide	001024-57-3	B2
Hexachlorocyclohexane, technical	000608-73-1	B2
alpha-Hexachlorocyclohexane	000319-84-6	B2
Hexachlorodibenzo-p-dioxin	019408-74-3	B2
Hydrazine, Hydrazine Sulfate (mixture)		B2
Lead and Compounds (Inorganic)		B2
4,4'-Methylenbis(N,N'-dimethyl) benzenamine	000101-61-1	B2
N-Nitroso-N-methylethylamine	010595-95-6	B2
N-Nitroso-di-n-butylamine	000924-16-3	B2
N-Nitrosodi-N-propylamine	000621-64-7	B2
N-Nitrosodiethanolamine	001116-54-7	B2
N-Nitrosodiethylamine	000055-18-5	B2
N-Nitrosodimethylamine	000062-75-9	B2
N-Nitrosodiphenylamine	000086-30-6	B2
N-Nitrosopyrrolidine	000930-55-2	B2
Nickel Carbonyl	013463-39-3	B2
Nickel Refinery Dust	007440-02-0	A
Nickel Subulfide	012035-72-2	A
Polychlorinated Biphenyls	001336-36-3	B2
Toxaphene	008001-35-2	B2

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1) The Heading of the Part: AID TO THE AGED, BLIND OR DISABLED

2) Code Citation: 89 Ill. Adm. Code 113

3) Section Numbers: Proposed Action:

113.40	Amendment
113.50	Amendment
113.302	Repealed
113.400	New Section
113.405	New Section
113.410	New Section
113.415	New Section
113.420	New Section
113.425	New Section
113.430	New Section
113.435	New Section
113.440	Renumbered and Amended
113.445	New Section

4) Statutory Authority: Sections 3-1a, added by Public Act 87-14, effective July 24, 1991, and 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1989, Ch. 23, Pars. 3-1a, added by Public Act 87-14, effective July 24, 1991, and 12-13)

5) A Complete Description of the Subjects and Issues Involved: These amendments, along with the amendments also filed today that amend 89 Ill. Adm. Code 114, implement major changes to the Interim Assistance program and the General Assistance program pursuant to the mandates of Public Act 87-14 (Senate Bill 45) which became law July 24, 1991.

The major changes in Interim Assistance are as follows:

- 1) The Interim Assistance program will apply Statewide, including the City of Chicago. However, the payment levels will remain as they are now. The payment levels for those in Chicago will remain at \$165 per month, the same as General Assistance, plus certain special needs. The payment levels elsewhere will continue to be based on individual need items as under the Aid to the Aged, Blind and Disabled program.

- 2) A client will have to be determined more likely than not to be eligible for the Supplemental

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- Security Income (SSI) program in order to be eligible for Interim Assistance.
- 3) A client who has been determined not disabled for purposes of SSI within the last year will be ineligible for Interim Assistance unless there has been a substantial change in the client's condition.
- 4) The Department will continue to provide an SSI Advocacy program in the City of Chicago to help clients obtain eligibility for SSI. The Department also has plans to expand this type of program to other parts of the State. Where such programs exist, cooperation with the SSI Advocacy program shall be a condition of eligibility for Interim Assistance.

The major changes in General Assistance are as follows:

- 1) The General Assistance program is split into two programs, the Children and Family Assistance Program for assistance units consisting of adults and children as well as for pregnant women, and Transitional Assistance for assistance units consisting only of adults.
- 2) An adult is defined as a person age 18 or over or a person married and living with spouse, regardless of age, even if living in the residence of a natural or adoptive parent. A child is defined as under age 18 or age 18, living with a natural or adoptive parent, and a full time student in a secondary school or the equivalent level of vocational or technical training and reasonably can be expected to graduate or complete the program before reaching age 19. Persons under the age of 18 who do not reside with a parent, legal guardian or spouse remain ineligible for Transitional or Children and Family Assistance.
- 3) The Transitional Assistance program shall be time limited. For Fiscal Year 1992 (July 1, 1991 to June 30, 1992) the program is limited to a maximum of nine months. Thereafter, eligibility for Transitional Assistance shall be for only six months out of any twelve consecutive month period.

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- 4) Certain persons on Transitional Assistance may qualify without the above time limits if the Department determines they meet the following criteria:
- a) age 55 and over who have not had gross earnings totalling \$2,000 in the past year and who have not earned at least \$200 a month in 7 of the last 12 months;
 - b) serious medical, physical or mental problems, including alcohol and other substance abuse;
 - c) needed at home to provide care for another person; or
 - d) no high school diploma or GED and have not had gross earnings of at least \$200 per month in at least three of the last 24 months and cannot read at the 5.9 grade level.
- 5) Clients who claim to have a serious medical, physical or mental problem which prevents the client from working will have eligibility for Interim Assistance determined. The determination under that program of whether the person is more likely than not eligible for Supplemental Security Income (SSI) shall constitute the determination of whether or not the client has a serious medical, physical or mental problem for purposes of Transitional Assistance. The combination of these two determinations in this manner is intended to make the programs and determinations easier to administer and to give as many persons as possible the opportunity to become eligible for SSI.
- 6) Cooperation in the eligibility determination for Interim Assistance shall be a condition of eligibility for Transitional Assistance.
- 7) Persons receiving Children and Family Assistance shall be eligible for the same range of medical services as General assistance clients have received in the past. Persons receiving Transitional Assistance will no longer be eligible to receive hospital services. This

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aspect of the change in coverage for General Assistance is not contained in this Rule but has been promulgated in other rulemaking.

- 6) Will these Proposed Amendments replace Emergency Amendments currently in effect? Yes No X

- 7) Does this rulemaking contain an automatic repeal date? Yes No X

- 8) Do these Proposed Amendments contain incorporations by reference? No Yes

- 9) Are there any other Proposed Amendments pending on this Part? Yes No

Section Number Proposed Action Illinois Register Citation

113.306 Amendment July 26, 1991
(15 Ill. Reg. 10889)

- 10) Statement of Statewide Policy Objectives: The changes to Interim Assistance and General Assistance may have an effect on local governmental units.

The requirement in Interim Assistance that a client be found more likely than not eligible for SSI will mean fewer clients will be eligible for Interim Assistance and thus more clients will be eligible for General Assistance. The changes in General Assistance apply to all receiving units, so local governmental units that receive State funds will have to make the appropriate changes in their programs.

- 11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Any interested parties may submit comments, data, views, or arguments concerning the proposed rulemaking. All comments must be in writing and should be addressed to David E. Peterson, Deputy General Counsel, Office of the General Counsel, Illinois Department of Public Aid, Illinois Department of Public Aid, Jesse B. Harris II, 100 South Grand Avenue East, 3rd Floor, Springfield, Illinois 62762 (217) 782-1233. The Department will consider all written comments it receives within 30 days of the date of publication of this notice.

In addition, the Department intends to conduct public hearings regarding this rulemaking in order to obtain

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further public input. The time and place of these hearings will be announced at a later date.

- 12) Initial Regulatory Flexibility Analysis: This rulemaking has no effect on small businesses.

The full text of the Proposed Amendments is identical to the text of the Emergency Amendments which appears in this issue of the Register on page 15123.

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1) The Heading of the Part: FOOD STAMPS

written comments it receives within 30 days of the date of publication of this notice.

2) Code Citation: 89 Ill. Adm. Code 121

12) Initial Regulatory Flexibility Analysis: This rulemaking has no effect on small businesses.

3) Section Number: Proposed Action:

121.94 Amendment

The full text of the Proposed Amendment begins on the next page:

4) Statutory Authority: Sections 12-4.4 thru 12-4.6 of the Illinois Public Aid Code (Ill. Rev. Stat. 1989, Ch. 23, Pars. 12-4.4 thru 12-4.6)

5) A Complete Description of the Subjects and Issues Involved: Pursuant to federal regulations (7 CFR 273.17), this rulemaking restricts criteria for the replacement of food stamp coupons destroyed in a household disaster to require that the request for replacement be made within ten days of the disaster and limit the replacement of destroyed coupons to twice in a six month period.

6) Will this Proposed Amendment replace an Emergency Amendment currently in effect? No

7) Does this rulemaking contain an automatic repeal date? Yes ☒ No ☐

8) Does this Proposed Amendment contain incorporations by reference? No

9) Are there any other Proposed Amendments pending on this Part? Yes

Section Numbers Proposed Action Illinois Register Citation

121.91 Amendment October 4, 1991 (15 Ill. Reg. 14186)

10) Statement of Statewide Policy Objectives: This rulemaking has no effect on local governmental units.

11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Any interested parties may submit comments, data, views, or arguments concerning the proposed rulemaking. All comments must be in writing and should be addressed to Anita Williams, Staff Attorney, Office of the General Counsel, Illinois Department of Public Aid, Jesse B. Harris Building II, 100 South Grand Avenue East, 3rd Floor, Springfield, Illinois 62762 (217/782-1233). The Department will consider all

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TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF PUBLIC AID
SUBCHAPTER b: ASSISTANCE PROGRAMSPART 121
FOOD STAMPS

SUBPART A: APPLICATION PROCEDURES

Section

121.1 Application for Assistance
121.2 Time Limitations on the Disposition of an Application
121.3 Approval of an Application and Initial Authorization of Assistance
121.4 Denial of an Application
121.5 Client Cooperation
121.6 Emergency Assistance
121.7 Expedited Services
121.10 Interviews

SUBPART B: NON-FINANCIAL FACTORS OF ELIGIBILITY

Section

121.19 Ending a Voluntary Quit Disqualification
121.20 Citizenship
121.21 Residence
121.22 Social Security Numbers
121.23 Work Registration/Participation Requirements
121.24 Individuals Exempt From Work Registration Requirements
121.25 Failure to Comply
121.26 Period of Disqualification
121.27 Voluntary Job Quit
121.28 Good Cause for Voluntary Job Quit
121.29 Exemptions from Voluntary Quit Rule

SUBPART C: FINANCIAL FACTORS OF ELIGIBILITY

Section

121.30 Unearned Income
121.31 Exempt Unearned Income
121.32 Education Benefits
121.33 Unearned Income In-Kind
121.34 Lump Sum Payments and Income Tax Refunds
121.40 Earned Income
121.41 Budgeting Earned Income
121.50 Exempt Earned Income
121.51 Income from Work/Study/Training Programs
121.52 Earned Income from Roomer and Boarder

Section
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121.54 Earned Income In-Kind
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121.96 Uses For Food Coupons
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121.98 Food Stamp Simplified Application Demonstration Project (Repealed)
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Reg. 3, p. 49, effective January 9, 1980; peremptory amendment at 4 Ill. Reg. 9, p. 259, effective February 23, 1980; amended at 4 Ill. Reg. 10, p. 253, effective February 27, 1980; amended at 4 Ill. Reg. 12, p. 551, effective March 10, 1980; emergency amended at 4 Ill. Reg. 29, p. 294, effective July 8, 1980 for maximum of 150 days; amended at 4 Ill. Reg. 37, p. 797, effective September 2, 1980; amended at 4 Ill. Reg. 45, p. 134, effective October 17, 1980; amended at 5 Ill. Reg. 766, effective January 2, 1981; amended at 5 Ill. Reg. 1131, effective January 16, 1981; amended at 5 Ill. Reg. 4586, effective April 15, 1981; peremptory amendment at 5 Ill. Reg. 5722, effective June 1, 1981; amended at 5 Ill. Reg. 7071, effective June 23, 1981; peremptory amendment at 10062, effective October 1, 1981; amended at 5 Ill. Reg. 10733, effective October 1, 1981; amended at 5 Ill. Reg. 12736, effective October 29, 1981; amended at 6 Ill. Reg. 1653, effective January 17, 1982; amended at 6 Ill. Reg. 2707, effective March 2, 1982; amended at 6 Ill. Reg. 8159, effective July 1, 1982; amended at 6 Ill. Reg. 10208, effective August 9, 1982; amended at 6 Ill. Reg. 11921, effective September 21, 1982; amended at 6 Ill. Reg. 12318, effective October 1, 1982; amended at 6 Ill. Reg. 13754, effective November 1, 1982; amended at 7 Ill. Reg. 394, effective January 1, 1983; codified at 7 Ill. Reg. 5195; amended at 7 Ill. Reg. 5715, effective May 1, 1983; amended at 7 Ill. Reg. 8118, effective June 24, 1983; peremptory amendment at 7 Ill. Reg. 12899, effective October 1, 1983; amended at 7 Ill. Reg. 13655, effective October 4, 1983; peremptory amendment at 7 Ill. Reg. 16067, effective November 22, 1983; amended at 7 Ill. Reg. 16169, effective November 22, 1983; amended at 8 Ill. Reg. 5673, effective April 18, 1984; amended at 8 Ill. Reg. 7249, effective May 16, 1984; peremptory amendment at 8 Ill. Reg. 10086, effective July 1, 1984; amended at 8 Ill. Reg. 13284, effective July 16, 1984; amended at 8 Ill. Reg. 17900, effective September 14, 1984; amended (by adding section being codified with no substantive change) at 8 Ill. Reg. 17898; peremptory amendment at 8 Ill. Reg. 19690, effective October 1, 1984; peremptory amendment at 8 Ill. Reg. 22145, effective November 1, 1984; amended at 9 Ill. Reg. 302, effective January 1, 1985; amended at 9 Ill. Reg. 6804, effective May 1, 1985; amended at 9 Ill. Reg. 8665, effective May 29, 1985; peremptory amendment at 9 Ill. Reg. 8898, effective July 1, 1985; amended at 9 Ill. Reg. 11334, effective July 8, 1985; amended at 9 Ill. Reg. 14334, effective September 6, 1985; peremptory amendment at 9 Ill. Reg. 15582, effective October 1, 1985; amended at 9 Ill. Reg. 16889, effective October 16, 1985; amended at 9 Ill. Reg. 19726, effective December 9, 1985; amended at 10 Ill. Reg. 229, effective December 20, 1985; peremptory amendment at 10 Ill. Reg. 7387,

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Section
121.135 Incorporation By Reference
121.140 Small Group Living Arrangement Facilities and Drug/Alcoholic Treatment Centers

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121.202 Establishing a Claim for Unintentional Household Errors and Administrative Errors (Recodified)
121.203 Collecting Claim Against Households (Recodified)
121.204 Failure to Respond to Initial Demand Letter (Recodified)
121.205 Methods of Repayment of Food Stamp Claims (Recodified)
121.206 Determination of Monthly Allotment Reductions (Recodified)
121.207 Failure to Make Payment in Accordance with Repayment Schedule (Recodified)
121.208 Suspension and Termination of Claims (Recodified)

AUTHORITY: Implementing Sections 12-4.4 through 12-4.6 and authorized by Section 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1989, ch. 23, pars. 12-4.4 through 12-4.6 and 12-3)

SOURCE: Adopted December 30, 1977; amended at 3 Ill. Reg. 5, p. 875 effective February 2, 1979; amended at 3 Ill. Reg. 31, p. 109, effective August 3, 1979; amended at 3 Ill. Reg. 33, p. 399 effective August 18, 1979; amended at 3 Ill. Reg. 41, p. 165, effective October 11, 1979; amended at 3 Ill. Reg. 42, p. 230, effective October 9, 1979; amended at 3 Ill. Reg. 44, p. 173, effective October 19, 1979; amended at 3 Ill. Reg. 46, p. 36, effective November 2, 1979; amended at 3 Ill. Reg. 47, p. 96, effective November 13, 1979; amended at 3 Ill. Reg. 48, p. 1; effective November 15, 1979; peremptory amendment at 4 Ill.

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effective April 21, 1986; peremptory amendment at 10 Ill. Reg. 7941, effective May 1, 1986; amended at 10 Ill. Reg. 14692, effective August 29, 1986; peremptory amendment at 10 Ill. Reg. 15714, effective October 1, 1986; Sections 121.200 thru 121.208 recodified to 89 Ill. Adm. Code 165 at 10 Ill. Reg. 21094; peremptory amendment at 11 Ill. Reg. 3761, effective February 11, 1987; emergency amendment at 11 Ill. Reg. 3754, effective February 13, 1987, for a maximum of 150 days; emergency amendment at 11 Ill. Reg. 9968, effective May 15, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 10269, effective May 22, 1987; amended at 11 Ill. Reg. 10621, effective May 25, 1987; peremptory amendment at 11 Ill. Reg. 11391, effective July 1, 1987; peremptory amendment at 11 Ill. Reg. 11855, effective June 30, 1987; emergency amendment at 11 Ill. Reg. 12043, effective July 6, 1987; amended at 11 Ill. Reg. 13635, effective August 1, 1987; amended at 11 Ill. Reg. 14022, effective August 10, 1987; emergency amendment at 11 Ill. Reg. 15261, effective September 1, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 15480, effective September 4, 1987; amended at 11 Ill. Reg. 15634, effective September 11, 1987; amended at 11 Ill. Reg. 18218, effective October 30, 1987; peremptory amendment at 11 Ill. Reg. 18374, effective October 30, 1987; amended at 12 Ill. Reg. 877, effective December 30, 1987; emergency amendment at 12 Ill. Reg. 1941, effective December 31, 1987, for a maximum of 150 days; amended at 12 Ill. Reg. 4204, effective February 5, 1988; amended at 12 Ill. Reg. 9678, effective May 23, 1988; amended at 12 Ill. Reg. 9922, effective June 1, 1988; amended at 12 Ill. Reg. 11463, effective June 30, 1988; amended at 12 Ill. Reg. 12824, effective July 22, 1988; emergency amendment at 12 Ill. Reg. 14045, effective August 19, 1988, for a maximum of 150 days; peremptory amendment at 12 Ill. Reg. 15704, effective October 1, 1988; peremptory amendment at 12 Ill. Reg. 16271, effective October 1, 1988, amended at 12 Ill. Reg. 20161, effective November 30, 1988; amended at 13 Ill. Reg. 3890, effective March 10, 1989; amended at 13 Ill. Reg. 13619, effective August 14, 1989; peremptory amendment at 13 Ill. Reg. 15859, effective October 1, 1989; amended at 14 Ill. Reg. 729, effective January 1, 1990; amended at 14 Ill. Reg. 6349, effective April 13, 1990; amended at 14 Ill. Reg. 13202, effective August 6, 1990; peremptory amendment at 14 Ill. Reg. 15158, effective October 1, 1990; amended at 14 Ill. Reg. 16983, effective September 30, 1990; amended at 15 Ill. Reg. 11150, effective July 22, 1991; amended at 15 Ill. Reg. 11957, effective August 12, 1991; amended at 15 Ill. Reg. _____, effective _____.

NOTE: CAPITALIZATION DENOTES STATUTORY LANGUAGE.

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SUBPART F: MISCELLANEOUS PROGRAM PROVISIONS

Section 121.94 Replacement of Food Stamp Coupons ~~or~~ ATP-
Documentsa) Food Stamp Coupons

1) If a household requests replacement of food stamp coupons which were received by the household but which were improperly manufactured or were subsequently damaged or mutilated, the Department shall replace the coupons in an amount equal to the value of the improperly manufactured or mutilated coupons. A coupon cannot be replaced if less than three-fifths of the coupon is presented by the household.

2) If a household requests replacement of coupons which were received but subsequently destroyed in a household disaster, the Department shall replace the coupons in an amount not to exceed one month's worth of coupons within ten days of the date destruction was reported to the local office. The disaster must be verified. Replacement of destroyed coupons is limited to one in a six-month period.

b) If a household requests replacement of food stamp coupons which were received but subsequently destroyed in a household disaster, and the request is made within ten days of the disaster, the Department shall replace the coupons in an amount not to exceed one month's worth of coupons within ten (10) days of the date destruction was reported to the local office. The disaster must be verified. Replacement of destroyed coupons is limited to twice in a six month period.

3) Replacement food stamp coupons shall not be issued for coupons that are lost, misplaced or stolen.

ATP-Documents

1) If a household requests replacement of a lost or stolen ATP, the Department shall replace the ATP if the original is reported destroyed in a household disaster or stolen during its effective month and if the participant household signs an affidavit stating

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Section 121.94

Replacement of Food Stamp Coupons ~~or ATP-~~
Documents (Cont'd)

~~that the original ATP will be returned to the Department if it is recovered. A replacement may be authorized for a destroyed ATP once in a six-month period. Replacement of a stolen ATP is limited to once in a six-month period.~~

(Source: Amended at 15 Ill. Reg. _____, effective _____)

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NOTICE OF PROPOSED AMENDMENTS

1) The Heading of the Part: GENERAL ASSISTANCE

2) Code Citation: 89 Ill. Adm. Code 114

3) Section Numbers: Proposed Action:

114.1	Amendment
114.2	New Section
114.60	Amendment
114.61	Amendment
114.62	Amendment
114.63	Amendment
114.64	Amendment
114.70	Amendment
114.80	Amendment
114.120	Amendment
114.121	Amendment
114.122	Repealed
114.123	Repealed
114.124	Amendment
114.400	Amendment
114.420	Amendment

4) Statutory Authority: Sections 6-11, added by Public Act 87-14, effective July 24, 1991, and 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1989, Ch. 23, Pars. 6-11 and 12-13)

5) A Complete Description of the Subjects and Issues

Involved: These amendments, along with the amendments also filed today that amend 89 Ill. Adm. Code 113, implement major changes to the Interim Assistance Program and the General Assistance program pursuant to the mandates of Public Act 87-14 (Senate Bill 45) which became law July 24, 1991.

The major changes in Interim Assistance are as follows:

- 1) The Interim Assistance program will apply Statewide, including the City of Chicago. However, the payment levels will remain as they are now. The payment levels for those in Chicago will remain at \$165 per month, the same as General Assistance, plus certain special needs. The payment levels elsewhere will continue to be based on individual need items as under the Aid to the Aged, Blind and Disabled program.

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- 2) A client will have to be determined more likely than not to be eligible for the Supplemental Security Income (SSI) program in order to be eligible for Interim Assistance.
- 3) A client who has been determined not disabled for purposes of SSI within the last year will be ineligible for Interim Assistance unless there has been a substantial change in the client's condition.
- 4) The Department will continue to provide an SSI Advocacy program in the City of Chicago to help clients obtain eligibility for SSI. The Department also has plans to expand this type of program to other parts of the State. Where such programs exist, cooperation with the SSI Advocacy program shall be a condition of eligibility for Interim Assistance.

The major changes in General Assistance are as follows:

- 1) The General Assistance program is split into two programs, the Children and Family Assistance Program for assistance units consisting of adults and children as well as for pregnant women, and Transitional Assistance for assistance units consisting only of adults.
- 2) An adult is defined as a person age 18 or over or a person married and living with spouse, regardless of age, even if living in the residence of a natural or adoptive parent. A child is defined as under age 18 or age 18, living with a natural or adoptive parent, and a full time student in a secondary school or the equivalent level of vocational or technical training and reasonably can be expected to graduate or complete the program before reaching age 19. Persons under the age of 18 who do not reside with a parent, legal guardian or spouse remain ineligible for Transitional or Children and Family Assistance.
- 3) The Transitional Assistance program shall be time limited. For Fiscal Year 1992 (July 1, 1991 to June 30, 1992) the program is limited to a maximum of nine months. Thereafter, eligibility

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for Transitional Assistance shall be for only six months out of any twelve consecutive month period.

4) Certain persons on Transitional Assistance may qualify without the above time limits if the Department determines they meet the following criteria:

- a) age 55 and over who have not had gross earnings totalling \$2,000 in the past year and who have not earned at least \$200 a month in 7 of the last 12 months;
 - b) serious medical, physical or mental problems, including alcohol and other substance abuse;
 - c) needed at home to provide care for another person; or
 - d) no high school diploma or GED and have not had gross earnings of at least \$200 per month in at least three of the last 24 months and cannot read at the 5.9 grade level. This fourth criteria shall only be available for up to twelve months.
- 5) Clients who claim to have a serious medical, physical or mental problem which prevents the client from working will have eligibility for Interim Assistance determined. The determination under that program of whether the person is more likely than not eligible for Supplemental Security Income (SSI) shall constitute the determination of whether or not the client has a serious medical, physical or mental problem for purposes of Transitional Assistance. The combination of these two determinations in this manner is intended to make the programs and determinations easier to administer and to give as many persons as possible the opportunity to become eligible for SSI.
- 6) Cooperation in the eligibility determination for Interim Assistance shall be a condition of eligibility for Transitional Assistance.
- 7) Persons receiving Children and Family Assistance shall be eligible for the same range of medical

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services as General assistance clients have received in the past. Persons receiving Transitional Assistance will no longer be eligible to receive hospital services. This aspect of the change in coverage for General Assistance is not contained in this Rule but has been promulgated in other rulemaking.

- 6) Will these Proposed Amendments replace an Emergency Amendment currently in effect? Yes
Yes ☒ No ☐
- 7) Does this rulemaking contain an automatic repeal date?
Yes ☒ No ☐
- 8) Do these Proposed Amendments contain incorporations by reference? No
- 9) Are there any other Proposed Amendments pending on this Part? No

- 10) Statement of Statewide Policy Objectives: The changes to Interim Assistance and General Assistance may have an effect on local governmental units.

The requirement in Interim Assistance that a client be found more likely than not eligible for SSI will mean fewer clients will be eligible for Interim Assistance and thus more clients will be eligible for General Assistance. The changes in General Assistance apply to all receiving units, so local governmental units that receive State funds will have to make the appropriate changes in their programs.

- 11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Any interested parties may submit comments, data, views, or arguments concerning the proposed rulemaking. All comments must be in writing and should be addressed to David E. Peterson, Deputy General Counsel, Office of the General Counsel, Illinois Department of Public Aid, Jesse B. Harris Building, 11, 100 South Grand Avenue East, 3rd Floor, Springfield, Illinois 62762 (217) 782-1233. The Department will consider all written comments it receives within 30 days of the date of publication of this notice.

In addition, the Department intends to conduct public hearings regarding this rulemaking in order to obtain further public input. The time and place of the hearings will be announced at a later date.

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- 12) Initial Regulatory Flexibility Analysis: This rulemaking has no effect on small businesses.

The full text of the Proposed Amendments is identical to the text of the Emergency Amendments which appears in this issue of the Register on page 15148.

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- 1) Heading of the Part: Retailers' Occupation Tax
- 2) Code Citation: 86 Ill. Adm. Code 130
- 3) Section Numbers:
130.310
Proposed Action:
Amendment
- 4) Statutory Authority: Ill. Rev. Stat. 1991 Supp., ch. 120, par. 441-10
- 5) A Complete Description of the Subjects and Issues Involved: This rulemaking amends the Department's rule concerning food, drugs, medicines and medical appliances. Section 130.310(a) is amended to delete outdated language and quote the current version of the Illinois Revised Statutes. In response to the decision in Travenol Laboratories, Inc. v. J. Thomas Johnson, Director, Illinois Department of Revenue, 1990, 195 Ill. App.3d 532, the Department has proposed repeal of Section 130.310(c)(3). In conjunction with the repeal of this provision, the Department has clarified the definition of "medical appliance" to reflect the decision in Travenol that medical appliances used by health care professionals and not transferred to their patients in providing medical services qualify for the reduced rate of tax.

- 6) Will this proposed rule replace an emergency rule currently in effect:
No

- 7) Does this rulemaking contain an automatic repeal date? No

- 8) Does this proposed amendment contain incorporations by reference? No

- 9) Are there any other proposed amendments pending on this Part: Yes

<u>Section Numbers</u>	<u>Proposed Action</u>	<u>IL Register Citation</u>
130.1951	Amendment	5/13/91, 15 Ill. Reg. 8167

- 10) Statement of Statewide Policy Objectives: This rulemaking neither creates nor expands a State mandate.

- 11) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Persons who wish to submit comments on this proposed rule may submit them in writing by no later than 45 days after publication of this notice to:

Mr. R. Dale Yung
Administrator
Illinois Department of Revenue
Legal Services Bureau

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101 West Jefferson
Springfield, Illinois 62708
Phone: (217) 782-6336

- 12) Initial Regulatory Flexibility Analysis:

- A) Date rule was submitted to the Business Assistance Office of the Department of Commerce and Community Affairs: October 4, 1991
- B) Types of small businesses affected: Any small business that engages in the retail sale or purchase of food, drugs, medicines or medical appliances.
- C) Reporting, bookkeeping or other procedures required for compliance: No additional reporting, bookkeeping or other procedures will be required as a result of this rulemaking.
- D) Types of professional skills necessary for compliance: Basic bookkeeping skills.

The full text of the Proposed Amendment(s) begins on the next page:

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TITLE 86: REVENUE
CHAPTER I: DEPARTMENT OF REVENUE

State and Local Taxes Other Than Retailers' Occupation Tax
Penalties
Federal Taxes
Installation, Alteration and Special Service Charges

PART 130
RETAILERS' OCCUPATION TAX
SUBPART A: NATURE OF TAX

SUBPART E: RETURNS

Section
130.101 Character and Rate of Tax
130.105 Responsibility of Trustees, Receivers, Executors or Administrators
130.110 Occasional Sales
130.111 Sale of Used Motor Vehicles by Leasing or Rental Business
130.115 Habitual Sales
130.120 Nontaxable Transactions

Monthly Tax Returns--When Due--Contents
Quarterly Tax Returns
Returns and How to Prepare
Annual Tax Returns
First Return
Final Returns When Business is Discontinued
Who May Sign Returns
Returns Covering More Than One Location Under Same
Registration--Separate Returns for Separately Registered Locations
Payment of the Tax, Including Quarter Monthly Payments in
Certain Instances

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SUBPART B: SALE AT RETAIL

Section
130.201 The Test of a Sale at Retail
130.205 Sales for Transfer Incident to Service
130.210 Sales of Tangible Personal Property to Purchasers for Resale
130.215 Further Illustrations
130.220 Sales to Lessors of Tangible Personal Property

Prepayment of Retailers' Occupation Tax on Motor Fuel
Vending Machine Information Returns
Verification of Returns

SUBPART C: CERTAIN STATUTORY EXEMPTIONS

Section
130.305 Farm Machinery and Equipment
130.310 Food, Drugs, Medicines and Medical Appliances
130.315 Fuel Sold for Use in Vessels on Rivers Bordering Illinois
130.320 Gasohol
130.321 Fuel Used by Air Common Carriers in International Flights
130.325 Graphic Arts Machinery and Equipment Exemption
130.330 Manufacturing Machinery and Equipment
130.335 Pollution Control Facilities
130.340 Rolling Stock
130.345 Oil Field Exploration, Drilling and Production Equipment
130.350 Coal Exploration, Mining, Off Highway Hauling, Processing, Maintenance and Reclamation Equipment

Preliminary Comments
Sales of Property Originating in Illinois
Sales of Property Originating in Other States

SUBPART F: INTERSTATE COMMERCE

SUBPART G: CERTIFICATE OF REGISTRATION

General Information on Obtaining a Certificate of Registration
Procedure in Disputed Cases Involving Financial Responsibility
Requirements
Procedure When Security Must be Forfeited
Sub-Certificates of Registration
Separate Registrations for Different Places of Business of Same
Taxpayer Under Some Circumstances
Display
Replacement of Certificate
Certificate Not Transferable
Certificate Required For Mobile Vending Units
Revocation of Certificate

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SUBPART D: GROSS RECEIPTS

Section
130.401 Meaning of Gross Receipts
130.405 How to Avoid Paying Tax on State Tax Passed on to the Purchaser
130.410 Cost of Doing Business Not Deductible
130.415 Transportation and Delivery Charges
130.420 Finance or Interest Charges--Penalties--Discounts
130.425 Traded-In Property
130.430 Deposit or Prepayment on Purchase Price

SUBPART H: BOOKS AND RECORDS

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Section
130.801 General Requirements
130.805 What Records Constitute Minimum Requirement
130.810 Records Required to Support Deductions
130.815 Preservation and Retention of Records
130.820 Preservation of Books During Pendency of Assessment Proceedings
130.825 Department Authorization to Destroy Records Sooner Than Would Otherwise be Permissible

SUBPART I: PENALTIES AND INTEREST

Section
130.901 Civil Penalties
130.905 Interest
130.910 Criminal Penalties

SUBPART J: BINDING OPINIONS

Section
130.1001 When Opinions from the Department are Binding

SUBPART K: SELLERS LOCATED ON,
OR SHIPPING TO, FEDERAL AREAS

Section
130.1101 Definition of Federal Area
130.1105 When Deliveries on Federal Areas Are Taxable
130.1110 No Distinction Between Deliveries on Federal Areas and Illinois Deliveries Outside Federal Areas

SUBPART L: TIMELY MAILING TREATED
AS TIMELY FILING AND PAYING

Section
130.1201 General Information
130.1205 Due Date that Falls on Saturday, Sunday or a Holiday

SUBPART M: LEASED PORTIONS OF LESSOR'S BUSINESS SPACE

Section
130.1301 When Lessee of Premises Must File Return for Leased Department
130.1305 When Lessor of Premises Should File Return for Leased Department
130.1310 Meaning of "Lessor" and "Lessee" in this Regulation

SUBPART N: SALES FOR RESALE

Section
130.1401 Seller's Responsibility to Determine the Character of the Sale at the Time of the Sale
130.1405 Seller's Responsibility to Obtain Certificates of Resale and Requirements for Certificates of Resale
130.1410 Requirements for Certificates of Resale (Repealed)
130.1415 Resale Number--When Required and How Obtained

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130.1420 Blanket Certificate of Resale (Repealed)

SUBPART O: CLAIMS TO RECOVER ERRONEOUSLY PAID TAX

Section
130.1501 Claims for Credit-Limitations--Procedure
130.1505 Disposition of Credit Memoranda by Holders Thereof
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SUBPART P: PROCEDURE TO BE FOLLOWED UPON
SELLING OUT OR DISCONTINUING BUSINESS

Section
130.1601 When Returns are Required After a Business is Discontinued
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130.1610 Cross Reference to Bulk Sales Regulation

SUBPART Q: NOTICE OF SALES OF GOODS IN BULK

Section
130.1701 Bulk Sales: Notices of Sales of Business Assets

SUBPART R: POWER OF ATTORNEY

Section
130.1801 When Powers of Attorney May be Given
130.1805 Filing of Power of Attorney With Department
130.1810 Filing of Papers by Agent Under Power of Attorney

SUBPART S: SPECIFIC APPLICATIONS

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130.1901 Addition Agents to Plating Baths
130.1905 Agricultural Producers
130.1910 Antiques, Curios, Art Work, Collectors' Coins, Collectors' Postage Stamps and Like Articles
130.1915 Auctioneers and Agents
130.1920 Barbers and Beauty Shop Operators
130.1925 Blacksmiths
130.1930 Chiroprodists, Osteopaths and Chiropractors
130.1935 Computer Software
130.1940 Construction Contractors and Real Estate Developers
130.1945 Co-operative Associations
130.1950 Dentists
130.1951 Enterprise Zones
130.1955 Farm Chemicals
130.1960 Finance Companies and Other Lending Agencies - Installment Contracts - Repossessions
130.1965 Florists and Nurserymen
130.1970 Hatcheries
130.1975 Operators of Games of Chance and Their Suppliers

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NOTICE OF PROPOSED AMENDMENTS

130.1980 Optometrists, Oculists and Opticians
 130.1985 Pawnbrokers
 130.1990 Peddlers, Hawkers and Itinerant Vendors
 130.1995 Personalizing Tangible Personal Property
 130.2000 Persons Engaged in the Printing, Graphic Arts or Related Occupations, and Their Suppliers
 130.2005 Persons Engaged in Nonprofit Service Enterprises and in Similar Enterprises Operated As Businesses, and Suppliers of Such Persons
 130.2006 Sales by Teacher-Sponsored Student Organizations
 130.2007 Exemption Identification Numbers
 130.2008 Sales by Nonprofit Service Enterprises
 130.2010 Persons Who Rent or Lease the Use of Tangible Personal Property to Others
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 130.2020 Physicians and Surgeons
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 130.2035 Registered Pharmacists and Druggists
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 130.2050 Sales and Gifts By Employers to Employees
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 130.2080 Sales to Governmental Bodies, Foreign Diplomats and Consular Personnel
 130.2085 Sales to or by Banks, Savings and Loan Associations and Credit Unions
 130.2090 Sales to Railroad Companies
 130.2095 Sellers of Gasohol, Coal, Coke, Fuel Oil and Other Combustibles
 130.2100 Sellers of Feeds and Breeding Livestock
 130.2105 Sellers of Newspapers, Magazines, Books, Sheet Music and Phonograph Records and Their Suppliers
 130.2110 Sellers of Seeds and Fertilizer
 130.2115 Sellers of Machinery, Tools and the Like
 130.2120 Suppliers of Persons Engaged in Service Occupations and Professions
 130.2125 Trading Stamps and Discount Coupons
 130.2130 Undertakers and Funeral Directors
 130.2135 Vending Machines
 130.2140 Vendors of Curtains, Slip Covers, Floor Covering and Other Similar Items made to Order

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130.2145 Vendors of Meals
 130.2150 Vendors of Memorial Stones and Monuments
 130.2155 Vendors of Signs
 130.2156 Vendors of Steam
 130.2160 Vendors of Tangible Personal Property Employed for Premiums, Advertising, Prizes, Etc.
 130.2165 Veterinarians
 130.2170 Warehousemen
 130.ILLUSTRATION A: Examples of Tax Exemption Cards

AUTHORITY: Implementing the Illinois Retailers' Occupation Tax Act (Ill. Rev. Stat. 1989, ch. 120, pars. 440 et seq.) and authorized by Section 39b3 of the Civil Administrative Code of Illinois (Ill. Rev. Stat. 1989, ch. 127, par. 39b3).

SOURCE: Adopted July 1, 1933; amended at 2 Ill. Reg. 50, p. 71, effective December 10, 1978; amended at 3 Ill. Reg. 12, p. 4, effective March 19, 1979; amended at 3 Ill. Reg. 13, pp. 93 and 95, effective March 25, 1979; amended at 3 Ill. Reg. 23, p. 164, effective June 3, 1979; amended at 3 Ill. Reg. 25, p. 229, effective June 17, 1979; amended at 3 Ill. Reg. 44, p. 193, effective October 19, 1979; amended at 3 Ill. Reg. 46, p. 52, effective November 2, 1979; amended at 4 Ill. Reg. 24, pp. 520, 539, 564 and 571, effective June 1, 1980; amended at 5 Ill. Reg. 818, effective January 2, 1981; amended at 5 Ill. Reg. 3014, effective March 11, 1981; amended at 5 Ill. Reg. 12782, effective November 2, 1981; amended at 6 Ill. Reg. 2860, effective March 3, 1982; amended at 6 Ill. Reg. 6780, effective May 24, 1982; codified at 6 Ill. Reg. 8229; recodified at 6 Ill. Reg. 8999; amended at 6 Ill. Reg. 15225, effective December 3, 1982; amended at 7 Ill. Reg. 7990, effective June 15, 1983; amended at 8 Ill. Reg. 5319, effective April 11, 1984; amended at 8 Ill. Reg. 19062, effective September 26, 1984; amended at 10 Ill. Reg. 1937, effective January 10, 1986; amended at 10 Ill. Reg. 12067, effective July 1, 1986; amended at 10 Ill. Reg. 19538, effective November 5, 1986; amended at 10 Ill. Reg. 19772, effective November 5, 1986; amended at 11 Ill. Reg. 4325, effective March 2, 1987; amended at 11 Ill. Reg. 6252, effective March 20, 1987; amended at 11 Ill. Reg. 18284, effective October 27, 1987; amended at 11 Ill. Reg. 18767, effective October 28, 1987; amended at 11 Ill. Reg. 19138, effective October 29, 1987; amended at 11 Ill. Reg. 19696, effective November 23, 1987; amended at 12 Ill. Reg. 5652, effective March 15, 1988; emergency amendment at 12 Ill. Reg. 14401, effective September 1, 1988, for a maximum of 150 days, modified in response to an objection of the Joint Committee on Administrative Rules at 12 Ill. Reg. 19531, effective November 4, 1988, not to exceed the 150 day time limit of the original rulemaking; emergency expired January 29, 1989; amended at 13 Ill. Reg. 11824, effective June 29, 1989; amended at 14 Ill. Reg. 241, effective December 21, 1989; amended at 14 Ill. Reg. 872, effective January 1, 1990; amended at 14 Ill. Reg. 15463, effective September 10, 1990; amended at 14 Ill. Reg. 16028, effective September 18, 1990; amended at 15 Ill. Reg. 6621, effective April 17, 1991; amended at 15 Ill. Reg. 13542, effective August

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30, 1991; amended at 15 Ill. Reg. _____, effective _____

cream cones, bags of popcorn, and individually served sandwiches) make sales of food for immediate consumption.

SUBPART C: CERTAIN STATUTORY EXEMPTIONS

Section 130.310 Food, Drugs, Medicines and Medical Appliances

- a) General. ~~Effective January 1, 1980, through December 31, 1980, notwithstanding the fact that the sales may be at retail, With respect to food for human consumption which is to be consumed off the premises where it is sold (other than alcoholic beverages, soft drinks, and food which has been prepared for immediate consumption), and prescription and non-prescription medicines, drugs, medical appliances, and insulin, urine testing utensils, syringes, and needles used by diabetics, for human use, the tax is imposed at the rate of 1%. (Section 2-10 of the Act) will be taxed at the rate of 2% of the gross receipts from such sales. Effective January 1, 1981, such sales will be taxed at the rate of 2% of the gross receipts from such sales. Effective January 1, 1984, such sales will be taxed at the rate of 0% of gross receipts from such sales. Local tax may still be imposed on such sales notwithstanding the reductions in the State rate.~~

b) Food

- 1) A food is any solid, liquid, powder or item intended by the seller primarily for human internal consumption, whether simple, compound or mixed, including foods such as condiments, spices, seasonings, vitamins, bottled water and ice.

- 2) Gross receipts from sales of food for which facilities are provided so that it can be consumed on the premises where it is sold and gross receipts from sales of food which has been prepared for immediate consumption do not qualify for the reduced rate. For example:

A) gross receipts from sales of food and drinks by restaurants, coffee shops, cafeterias and other establishments selling food which has been prepared for immediate consumption or which provide facilities for on-premises consumption are subject to the full rate of tax.

B) concession stands, snack shops and other establishments which sell food items primarily (more than 50%) in individual sized servings (such as ice

- C) sales of all hot food and hot food products are sales of food for immediate consumption.

- 3) Delicatessens, markets, dairies and bakeries and other establishments which sell food items primarily (more than 50%) in quantities greater than individual sized servings incur the reduced rate on gross receipts from retail sales of food items. However, the full rate will apply to all sales made by such establishments which provide facilities for the consumption of food on premises unless those facilities utilize a separate means of collecting recording and accounting for collection of receipts for such sales for consumption on the premises and are physically partitioned from areas in which food not for immediate consumption is sold. The phrase "separate means of recording and accounting for collection of receipts" includes cash registers which separately identify high rate and low rate sales, separate cash registers, and other methods by which the tax on high rate and low rate sales are recorded at the time of collection.

- 4) The reduced rate does not extend to alcoholic beverages. An alcoholic beverage is any beverage subject to the tax imposed under Article VIII of "The Liquor Control Act of 1934" (Ill. Rev. Stat. 1987, ch. 43, pars. 94 et seq.).

- 5) ~~Effective September 1, 1984, The reduced rate does not extend to soft drinks. Soft drinks will be taxed at the State sales tax rate of 5% 6.25%. The term "soft drinks" means any complete, finished, ready-to-use, non-alcoholic drink, whether carbonated or not, including but not limited to soda water, cola, fruit juice, vegetable juice, carbonated water, and all other preparations commonly known as soft drinks of whatever kind or description which that are contained in any closed or sealed bottle, can, carton, or container regardless of size. "Soft drinks" do not include coffee, tea, non-carbonated water, infant formula, milk or milk products as defined in Section 3(a)(2) and (4) of the Grade A Pasturized Milk and Milk Products Act (Ill. Rev. Stat. 1987, ch. 56 1/2, pars. 2201 et seq.), or drinks containing 50% or more natural fruit or vegetable juice. (Section 2-10 of the Act) Frozen concentrated fruit juice, dry powdered drink mixes, and fruit juices which are reconstituted to natural strength are not soft drinks. Section 2 of the Retailers' Occupation Tax Act (Ill. Rev. Stat. 1987, ch. 120, par. 441)~~

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- 6) Food prepared for immediate consumption means food made ready by the retailer to be eaten without substantial delay after the final stage of preparation by the retailer. Retailers who sell food which they do not prepare in any way, are not selling food for immediate consumption, i.e., pre-packaged candy bars, snacks, chips, ice cream, unless that food is to be consumed on the retailer's premises. It is presumed that retailers who sell food prepared for immediate consumption in individual single-sized servings will sell all such items for consumption without substantive delay. Thus, for example, a retailer of individual sandwiches, doughnuts or cookies prepared in the morning will be subject to the high rate of tax regardless of when during a business day such items are sold and actually consumed. "Premises" are that area over which the vendor exercises control, whether by lease, contract, license or otherwise, and, in addition, the area in which facilities for eating are provided, including areas designated for, or devoted to, use in conjunction with the business engaged in by the vendor. Thus, all food sold by a restaurant for consumption on premises, whether prepared for immediate consumption or not, is subject to the high rate. Candy bars sold through a vending machine located outside a service station with no facilities for consumption, would be subject to the low rate of tax, while an identical candy bar sold through an identical vending machine in a cafeteria, break area, or a location with shared eating facilities, would be subject to the high rate. Vendor premises would include eating areas provided by employers for employees, common or shared eating areas in shopping centers or public buildings if customers of food vendors adjacent to such areas are permitted to use them for consumption of food products. It will be presumed that food sold by vendors with on-premises consumption facilities will, in fact, be consumed on premises unless the vendor presents evidence to the contrary from its books and records.

c) Medicines and Medical Appliances

- 1) A medicine or drug is any pill, powder, potion, salve, or other preparation intended by the manufacturer for human use and which purports on the label to have medicinal qualities.
- 2) A medical appliance is an item which is intended by its manufacturer for use in directly substituting for a malfunctioning the-maker-to-correct-any-functioning part of the body. Such items may be prescribed by licensed health

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care professionals for use by a patient, purchased by health care professionals for the use of patients, or purchased directly by individuals, or which is used as a substitute for any functioning part of the body. Included in the exemption as medical appliances are such items as artificial limbs, dental prostheses and orthodontic braces, crutches and orthopedic braces, wheelchairs, heart pacemakers, and dialysis machines, stretchers, corrective medical appliances such as hearing aids, and corrective eyeglasses, qualify for exemption dental prostheses, and sterile cotton, bandages and band-aids. The term "medical appliance" also includes testing equipment used by an individual to test his or her own medical condition. Diagnostic equipment shall not be deemed to be a medical appliance, except as provided in Section 130.310(d). Other medical tools, devices and equipment such as x-ray machines, laboratory equipment, and surgical instruments which may be used in the treatment of patients but, which do not directly substitute for a malfunctioning part of the human body do not qualify as exempt medical appliances.

3) ~~Medical appliances used by health care professionals and not transferred to their patients in providing medical services do not qualify for the reduced rate of tax.~~

34) Supplies, such as non-sterile cotton swabs, disposable diapers, toilet paper, tissues and towlettes ~~do not qualify for the reduced rate, and~~ cosmetics, such as lipsticks, perfume and hair tonics do not qualify for the reduced rate. Sterile dressings, bandages and gauze do qualify for the reduced rate. ~~Diapers and absorbent pads for incontinent patients are not supplies.~~

d) ~~Insulin, urine testing materials, syringes, and needles used in treating diabetes in human beings qualify for the reduced rate of tax. (Section 2-10 of the Act)~~

ed) Reporting

- 1) The retailer must keep an actual record of all sales and must report tax at the applicable rates, based on sales as reflected in his records. Books and records must be maintained in sufficient detail so that all receipts reported with respect to food, drugs, medicines and medical appliances can be supported. The determination of the percentage of sales of food items sold in individual-sized servings referred to in subsections 2(b) and (3) above, will be made by comparing the dollar amounts of the gross receipts of the two categories of foods. The determination shall be based upon a period

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which will generally reflect the true character of overall sales rather than isolated or seasonal variations.

- 2) If a retailer finds it difficult to maintain detailed records of receipts from sales of food, drugs, medicines and medical appliances at the reduced rate, as well as detailed records of receipts from all other sales of tangible personal property at the full rate, he may request the use of a formula. Such requests must be made to the Department in writing and must state the reasons that a formula method is necessary and outline the proposed formula in detail. Included in the request must be a description of how the method can be audited by the Department. Upon findings that the formula can be audited and will produce results that will reasonably approximate the actual taxable receipts in each category, the Department may issue its approval for use of such formula. If approval is granted, the Department reserves the right to withdraw approval or require a change in procedure at any time.

(Source: Amended at 15 Ill. Reg. _____, effective _____)

ILLINOIS STUDENT ASSISTANCE COMMISSION

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- | | |
|-----------------------------|--|
| 1) The Heading of the Part: | Guaranteed Loan Programs |
| 2) Code Citation: | 23 Ill. Adm. Code 2720 |
| 3) Section numbers: | 2720.10
2720.40 |
| | Proposed Action:
amendment
amendment |
- 4) Statutory Authority: Implementing and authorized by Section 30-15.4(f) of the Higher Education Student Assistance Law (Ill. Rev. Stat. 1989, Ch. 122, par. 30-15.4(f)) and by Title IV, Part B, of the Higher Education Act of 1965, as amended (20 U.S.C.A. 1071 et seq. (1990)).
- 5) A Complete Description of the Subjects and Issues Involved: The Illinois Student Assistance Commission (ISAC) has an obligation to protect the financial integrity of its guaranteed student loan programs. The proposed amendments will have the effect of reinstating residency requirements for students and parent borrowers that had been repealed by the Commission in 1987. The residency requirement was repealed by the Commission largely in response to changes in Illinois banking laws, in an effort to accommodate lenders participating in ISAC's student loan programs. At the time, ISAC did not foresee that the rule change would have the unintended and potentially costly consequence of permitting large numbers of out-of-state schools with high rates of student loan defaults access to the Commission's loan programs.

Requests for approval to participate in ISAC's programs by out-of-state schools have increased dramatically since 1988, in proportion to the significant changes that were made in student loan programs for the nation as a whole. For example, the Higher Education Assistance Foundation (HEAF), one of the nation's largest guarantors of student loans, began limiting the size of its student loan portfolio and eventually ended in financial collapse. Throughout the 1980's, HEAF served as the guarantor of choice for the nation's trade schools, actively soliciting their business. With HEAF's withdrawal from the loan programs, many trade and technical schools have sought to establish relationships with alternative guarantors. Currently, over 400 out-of-state schools have expressed an interest in participating in ISAC's loan programs.

As the designated guarantor for the State of Illinois, ISAC's primary obligation is to its clients located in this State. ISAC is required to draw on its reserve fund to reimburse lenders when a student loan goes into default. The need to maintain a reserve fund sufficient to cover the agency's outstanding obligations is essential for the continued viability of this program in Illinois. The Commission's ability to maintain adequate reserves would be threatened if it were to admit large numbers of

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foreign schools with high default rates into its student loan programs. The historical experience of ISAC and other guarantee agencies suggests that a high percentage of these loans coming from institutions currently requesting participation are likely to default. Admitting large numbers of out-of-state schools into ISAC's programs would severely strain the agency's reserve fund, would require the reallocation of already limited resources, and would undermine its ability to honor its current contractual obligations to the federal government.

These proposed amendments will enable the Commission to protect the immediate and long-term financial integrity of its reserve fund. A survey of ISAC lenders indicates that repeal of the rules change implemented at their request in 1987 would not adversely impact their operations; in fact, all lenders consulted by ISAC support these proposed amendments.

The experience of the past three years suggests that the rules amendment adopted by ISAC in 1987 was not necessary; the structural changes in Illinois banking have not had the dramatic consequences anticipated by ISAC at that time. At this point, the proposed amendments could be adopted without hindering ISAC from discharging its statutory responsibilities. Nevertheless, it is the Commission's intention to revisit this issue next year, after action has been taken on major banking and student aid reform bills currently pending before Congress.

6) Will this proposed amendment replace an emergency rule currently in effect? No

7) Does this rulemaking contain an automatic repeal date? No

8) Does this proposed amendment contain incorporations by reference? No

9) Are there any other amendments pending on this Part? No

10) Statement of Statewide Policy Objectives: Not Applicable

11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking:

Comments may be submitted in writing for a period of 45 days following publication of this notice. Comments should be submitted to:

Mr. Larry E. Matejka
Executive Director
Illinois Student Assistance Commission
106 Wilmet Road
Deerfield, Illinois 60015

12) Initial Regulatory Flexibility Analysis:

These amendments may have an effect on small businesses located outside the State of Illinois which serve non-Illinois citizens. Some educational institutions which participate in ISAC's guaranteed student loan programs may be small businesses. These foreign institutions are governed by federal law and regulations and the proposed amendments do not increase reporting or bookkeeping procedures presently required of those educational institutions. Nonetheless, the Business Assistance Office of the Department of Commerce and Community Affairs was advised of the proposed amendments in a letter dated October 8, 1991.

The full text of the Proposed Amendments begins on the following page:

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TITLE 23: EDUCATION AND CULTURAL RESOURCES

SUBTITLE A: EDUCATION

CHAPTER XIX: ILLINOIS STUDENT ASSISTANCE COMMISSION

PART 2720

GUARANTEED LOAN PROGRAMS

SUBPART A: Loan Guarantee Programs:

THE ROBERT T. STAFFORD LOAN PROGRAM, PLUS PROGRAM,
SUPPLEMENTAL LOANS FOR STUDENTS (SLS) PROGRAM,
AND CONSOLIDATION LOAN PROGRAM

Section	Summary and Purpose
2720.5	Definitions
2720.6	Eligibility for ISAC Loan Guarantees
2720.10	Lender Eligibility
2720.20	Institutional Eligibility
2720.40	Procedures for Obtaining a Guaranteed Loan
2720.50	Procedures for Disbursement and Repayment
2720.55	Consolidation Loan/unLoan Program
2720.60	Preclaim Assistance
2720.70	Reimbursement Procedures
2720.80	Student Insurance Premium

SUBPART B: ILLINOIS DESIGNATED ACCOUNT PURCHASE PROGRAM (IDAPP)

2720.105	Summary and Purpose
2720.120	IDAPP Eligible Loans
2720.130	IDAPP Eligible Lenders

SUBPART C: ISAC ORIGINATED LOANS

2720.200	ISAC Originated Consolidation Loans
2720.210	Illinois Opportunity Loan Program

APPENDIX A Required Activities of Educational Lenders

AUTHORITY: Implementing Sections 30-15.10 et seq. of the Higher Education Student Assistance Law (Ill. Rev. Stat. 1989, ch. 122, pars. 30-15.10 et seq.); Title IV, Part B, of the Higher Education Act of 1965, as amended (20 U.S.C.A. 1071 et seq.); and authorized by Section 30-15.4(f) of the Higher Education Student Assistance law (Ill. Rev. Stat. 1989, ch. 122, par. 30-15.4(f)).

SOURCE: Adopted at 3 Ill. Reg. 4, p. 38, effective January 26, 1979; amended at 5 Ill. Reg. 8698, effective August 17, 1981; emergency rule and emergency repealer at 6 Ill. Reg. 7558, 7573, effective June 9, 1982, for a maximum of 150 days; new rules adopted at 6 Ill. Reg. 13799, effective October 25, 1982; old rules repealed at 6 Ill. Reg. 15254, effective December 3, 1982; emergency amendment at 7 Ill. Reg. 9942, effective August 8, 1983, for a maximum of 150 days; codified at 7 Ill. Reg. 13309; amended at 8 Ill. Reg. 876, effective January 9, 1984; amended at 8 Ill. Reg. 7286, effective May 18, 1984; amended at 8 Ill. Reg. 17006, effective September 5, 1984; amended at 9 Ill. Reg. 20796, effective January 1, 1986; amended at 11 Ill. Reg. 3181, effective January 29, 1987; emergency amendment at 11 Ill. Reg. 13669, effective August 5, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 14103, effective August 10, 1987; emergency amendment at 11 Ill. Reg. 18370, effective October 23, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 20989, effective January 1, 1988; amended at 12 Ill. Reg. 6971, effective April 1, 1988; amended at 12 Ill. Reg. 11520, effective July 1, 1988; emergency amendment at 12 Ill. Reg. 13221, effective September 15, 1988, for a maximum of 150 days; emergency expired February 12, 1989; amended at 13 Ill. Reg. 2872, effective February 16, 1989; amended at 13 Ill. Reg. 8630, effective July 1, 1989; transferred from Chapter IX, 23 Ill. Adm. Code 1720 (State Scholarship Commission) to Chapter XIX, 23 Ill. Adm. Code 2720 (Illinois Student Assistance Commission) pursuant to P.A. 86-168, effective July 1, 1989, at 13 Ill. Reg. 17855; emergency amendment at 14 Ill. Reg. 4266, effective March 1, 1990 for a maximum of 150 days; amended at 14 Ill. Reg. 10553, effective July 1, 1990; amended at 14 Ill. Reg. 10941, effective July 1, 1990; amended at 15 Ill. Reg. _____, effective _____, 1991.

SUBPART A: Loan Guarantee Programs:

THE ROBERT T. STAFFORD LOAN PROGRAM, PLUS PROGRAM,
SUPPLEMENTAL LOANS FOR STUDENTS (SLS) PROGRAM,
AND CONSOLIDATION LOAN PROGRAM

Section 2720.10 Eligibility for ISAC Loan Guarantees

- Applicants may apply for a loan guarantee by submitting an ISAC approved application form.
- Eligibility requirements for Guaranteed Loans are established by Federal Regulations-- however, the student and borrower must be Residents of the State of Illinois. For purposes of this Part, a student loan Applicant is considered an Illinois resident if the Applicant.

- reports an Illinois address as his/her permanent home address and is Enrolled on at least a half-time basis at an approved postsecondary Institution; or.

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2) is Enrolled on at least a half-time basis at an approved postsecondary institution located in Illinois; or.

3) is a qualified Parent or legal guardian who reports an Illinois address as his/her permanent home address and is borrowing through the PLUS program on behalf of a dependent undergraduate or graduate student who is Enrolled at least half-time at an approved postsecondary institution.

c) The student must be Enrolled, or accepted for enrollment, at an approved postsecondary institution which has certified the Applicant as eligible for a Guaranteed Loan.

d) An Applicant shall not be disqualified for a loan guarantee by ISAC provided the Lender, the Institution, the student, and the borrower meet the eligibility requirements of Title IV, Part B, of the Higher Education Act of 1965, as amended (20 U.S.C.A. 1071 et seq.), Federal Regulations and of this Subpart.

e) No loan guarantee shall be issued if such loan would exceed the annual or aggregate amount permitted such borrower for the Academic Year, as specified by Section 428 of the Higher Education Act of 1965, as amended. (20 U.S.C.A. 1078)

f) The Institution shall compute a recommended loan amount for each Applicant. No Guaranteed Loan may exceed the Institution's recommended amount.

1) When certifying loan eligibility for an Academic Year which will span Academic Levels, the Institution's recommended loan amount shall not exceed the maximum permitted for the Applicant's Academic Level at the time of certification.

Example: A student desires a Stafford Loan for a two semester period of enrollment beginning 8/20/87 and concluding 5/15/88. During the fall 1987 Term the student will be a sophomore and during the spring 1988 Term the student anticipates attaining the Academic Level of junior. Prior to the borrower's successful completion of the fall Term, the Institution's recommended loan amount shall not exceed the \$2,625 loan permitted sophomore borrowers.

2) Should a student borrow in excess of the permitted loan maximums, the Institution shall terminate the student's eligibility for federal financial assistance for that Academic Year. See Section 484 of the Higher Education Act of 1965, as amended. (20 U.S.C.A. 1091)

(Source: Amended at 15 Ill. Reg. _____, effective _____, 1991)

Section 2720.40 Procedures for Obtaining a Guaranteed Loan

a) Borrowers who are eligible for a loan guarantee in accordance with Section 2720.10 are issued a notice of guarantee and an application/promissory note form. All promissory notes must be in the form furnished by ISAC or an ISAC approved facsimile. No alteration or substitution may be used.

b) All loans are made at the Lender's discretion. When a Lender rejects a borrower's application/promissory note, the Lender shall issue a Notice of Non-acceptance form to the borrower.

1) Should an Applicant be unable to secure an ISAC Guaranteed Loan from an approved Lender, ISAC shall refer the Applicant to a Lender who has indicated a willingness to issue a Guaranteed Loan.

2) An Applicant must submit to ISAC a written request for a Lender referral. The request must include copies of three written notifications from approved Lenders that indicate a refusal to approve a loan application.

c) The availability of an ISAC Guaranteed Loan shall not be conditioned upon the purchase of credit life, life, accident, health, or other forms of insurance.

d) No Stafford Loan of less than \$150 shall be made by a Lender. A minimum loan amount of \$500 applies to PLUS and SLS. See Section 2720.10(f) for loan maximums.

e) The application/promissory note must be signed in ink. Signature stamps shall not be used.

f) Within any one of ISAC's Guaranteed Loan programs, all of a borrower's outstanding loans must be held by the same Lender or Holder.

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- 1) Notwithstanding the residency requirements of Section 2720.10(b), if a Lender receives an application/promissory note, and the borrower has outstanding ISAC Guaranteed Loans(s) with a prior Lender, the following provisions apply:
 - A) A subsidized Stafford Loan will be guaranteed if the Lender has purchased all outstanding subsidized Stafford Loans.
 - B) A non-subsidized Stafford Loan will be guaranteed if the Lender has purchased all outstanding non-subsidized Stafford Loans.
 - C) A PLUS loan will be guaranteed if the Lender has purchased all outstanding PLUS Loans made on behalf of the same student.
 - D) A SLS loan issued by a commercial Lender will be guaranteed if the Lender has purchased all outstanding SLS Loans made by another commercial Lender.
 - E) A SLS loan issued by an educational Lender will be guaranteed if the Lender is an educational Institution at which the borrower is Enrolled and the borrower has not previously obtained a SLS Loan through a commercial Lender.
- 2) If the Lender has sold the Applicant's previous ISAC Guaranteed Loan(s) to an approved Holder, a subsequent loan will be guaranteed provided:
 - (A) the renewal loan is issued by the same Lender that issued the previous loans; and
 - (B) the Lender sells the renewal loan to the Holder prior to the ending loan term date. Failure to sell the renewal loan by the deadline shall result in the loss of guarantee.
- 3) The requirements of subsection (f)(1) shall not apply if:
 - (A) the outstanding loans are held by a Lender which has been either declared insolvent by a regulatory agency or has terminated its Agreement.

- (B) the borrower informs ISAC, in writing, that he/she is dissatisfied with the previous Lender's performance and requests that subsequent loans be issued by a different Lender.

g) Co-maker and Co-signers

- 1) Where two Parents or legal guardians reside in the same household, and the Parent or guardian applying for a PLUS loan guarantee is not the larger wage earner of the two, the Parent or legal guardian who is the larger wage earner must co-make the loan. This requirement shall not apply if, under current criteria employed by the Lender, the Applicant would be considered eligible for an unsecured loan of the same amount from such Institution. The Lender shall not require a co-maker on a SLS loan. At the Lender's option, a co-signer may be required on any PLUS or SLS loan.
- 2) The Lender shall not require a co-maker or co-signer on a subsidized Stafford Loan nor accept security for payment thereof.
- h) Lenders shall obtain the names and addresses of at least two references from each loan Applicant. Lenders shall submit the reference data to ISAC when requesting ISAC reimbursement pursuant to Section 2720.70.

(Source: Amended at 15 Ill. Reg. _____, effective _____, 1991)

TREASURER

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- 1) Heading of the Part: Home Ownership Made Easy Act
- 2) Code Citation: 74 Ill. Adm. Code 750
- 3) Section Numbers: Proposed Action:
750.40 Amended
750. Appendix C New Section
- 4) Statutory Authority: Implementing and authorized by the Home Ownership Made Easy Act of 1989 (the "Program") (Ill. Rev. Stat. 1989, ch. 67 1/2, pars. 1101 et seq., as amended by Public Act 86-1462, effective July 1, 1991.
- 5) A Complete Description of the Subjects and Issues Involved: Subsection 750.40 c) and d) are added to encourage employers of H.O.M.E. participants to match employee deposits as another form of employee benefits. In addition, H.O.M.E. participants may receive gifts in the form of direct deposits into their H.O.M.E. account.
- 6) Will this proposed rule replace an emergency rule currently in effect? No.
- 7) Does this rulemaking contain an automatic repeal date?
— Yes ☒ No
- 8) Does this proposed amendment contain incorporations by reference? No.
- 9) Are there any other proposed amendments pending on this Part? No.
- 10) Statement of Statewide Policy Objectives: To provide guidance to potential home buyers who would like to qualify and become eligible for participation in the H.O.M.E. program.
- 11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking:

Interested parties may comment on this proposed rulemaking by contacting the below named individual 45 days from the date of publication.

TREASURER

NOTICE OF PROPOSED AMENDMENTS

Maria P. Peterson
Illinois State Treasurer's Office
State of Illinois Center
100 W. Randolph, Suite 15-600
Chicago, IL 60601
(312)814-3571

12) Initial Regulatory Flexibility Analysis:

- A) Date rule was submitted to the Business Assistance Office of the Department of Commerce and Community Affairs:
- B) Types of small businesses affected:
- C) Reporting, bookkeeping or other procedures required for compliance:
- D) Types of professional skills necessary for compliance:

The full text of the Proposed Amendments begins on the next page:

NOTICE OF PROPOSED AMENDMENTS

TITLE 74: PUBLIC FINANCE
CHAPTER V: TREASURER

Section

- 750.10 Treasurer's Contractual Authority
- 750.20 Eligibility for the Program
- 750.30 Enrollment Procedures
- 750.40 Saver Deposit Options
- 750.50 Participant Statement
- 750.60 Common Calendar Year
- 750.70 The H.O.M.E. Program Investment Options
- 750.80 Tax Reporting
- 750.90 Withdrawal Requests
- 750.100 Termination Requests
- 750.110 Treasurer's Certification of H.O.M.E.
- 750.120 Benefits of Program Certification
- 750.130 Illinois Housing Development Authority Mortgage Priority
- 750.140 Payment of Expenses
- 750.Appendix A Certification Notice and Instructions for Using Your H.O.M.E. Certification
- 750.Appendix B Account Registration Form
- 750.Appendix C Employer Deduction Authorization Form

AUTHORITY: Implementing and authorized by the Home Ownership Made Easy Act of 1989 (Ill. Rev. Stat. 1989, ch. 67 1/2, pars. 1101 et seq., as amended by Public Act 86-1462, effective July 1, 1991).

SOURCE: Adopted at 15 Ill. Reg. 1421, effective September 17, 1991; amended at 16 Ill. Reg. _____, effective _____, 1991.

Section 750.40 Saver Deposit Options

- a) Pre-authorized withdrawals from saver's checking account on monthly basis in the amount of \$50.00 or more. The saver must sign an authorization form and provide a voided check with his application.
- b) Coupon remittances to be used either monthly, quarterly or semi-annually to accompany checks or money orders in the amount of \$50.00 or more. The saver will be provided with a deposit coupon book with preprinted remittance coupons.

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- c) Gifts in the form of checks or money orders from any third party to the participant's fund may be deposited provided that the deposit include participant's social security number.
- d) Pre-authorized employer deductions from the participant's payroll check, based on employer's pay period, in the amount of \$25.00 or more may be deposited into the participant's fund. The participant's social security number must be included with the deposit. The saver must sign an authorization form and provide a copy of same with his application.

(Source: Amended at 16 Ill. Reg. _____, effective _____, 1991.)

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NOTICE OF ADOPTED AMENDMENTS

1) The Heading of the Part: Technology Advancement and Development Act Programs

2) Code Citation: 14 Ill. Adm. Code 545

3) Section Numbers: Adopted Action:
545.315 Amendment
545.320 Amendment
545.325 Amendment
545.330 Amendment
545.345 Amendment
545.350 Amendment
545.355 Amendment
545.360 Amendment

4) Statutory Authority: Implementing Sections 1004, 3001(iii), 3003, 3004(c), and 3005 and authorized by Section 1004(e) of the Technology Advancement and Development Act. (Ill. Rev. Stat. 1989, ch. 127, pars. 3701-4, 3703-1(iii), 3703-3, 3703-4(c), and 3703-5).

5) Effective Date of Amendments: October 4, 1991

6) Does this rulemaking contain an automatic repeal date? No.

7) Do these amendments contain incorporations by reference? No.

8) Date Filed in Agency's Principal Office: October 1, 1991.

9) Notice of Proposal Published in Illinois Register: March 15, 1991 - 15 Ill. Reg. 3620.

10) Has JCAR issued a Statement of Objections to these amendments? No.

11) Differences between proposal and final version:

Section 545.320

In line 2 of subsection (a)(1), changed "which" to "that".

In line 4 of subsection (a)(1)(A), placed a comma after "operations management".

In line 4 of subsection (a)(1)(B), placed a comma after "high".

In lines 4 through 6 of subsection (a)(1)(B), replaced "add or enforce missing functions and projects which attack high cost areas" with "costs are non-value added expenses and which manufacturing functions are high cost areas".

In subsection (a)(1)(C), replaced "created" with "related" in line 3

Section 750-Appendix C EMPLOYER DEDUCTION AUTHORIZATION FORM

I, _____, authorize my employer, _____, to deduct from my payroll check \$ _____ per pay period for it to deposit directly into my Home Ownership Made Easy account.

Account information (please print):

Employee's Name (First, Initial, Last) _____

Employee's Social Security No. _____ Birthdate _____

Street or P.O. Box Number _____

City _____ State _____ Zip Code _____

() _____ Evening Phone _____

(Source: Added at 16 Ill. Reg. _____, effective _____, 1991.

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- and changed "controls" to "control" in line 7.
- In line 6 of subsection (b), replaced "is" with "are".
- In lines 2 and 3 of subsection (b)(5), changed "which" to "that".
- Section 545.330
- In the last line of subsection (a)(7), replaced "which is" with "that are".
- Corrected the label "(b)(4)(C)" to read "(b)(4)(B)".
- Section 545.345
- In the first line of subsection (b), changed "which" to "that".
- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes. Additionally, various technical changes have been made in response to JCAR's request.

- 13) Will these amendments replace an emergency amendment currently in effect? No.

- 14) Are there any amendments pending on this Part? No.

- 15) Summary and Purpose of Amendments: This rulemaking serves to amend the "Technology Advancement and Development Act Programs" rules. Major revisions include: broadening the eligible grant categories and dollar limit to reflect program knowledge and experience during the first year of the program and modifying the application questions to more accurately reflect the application proposal.

- 16) Information and questions regarding these adopted amendments shall be directed to:

Mr. John D. Taylor, Deputy Director
Department of Commerce and Community Affairs
Bureau of Program Administration
620 East Adams Street, 5th floor
Springfield, Illinois 62701
(217) 782-6136

The full text of the Adopted Amendments begins on the next page:

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TITLE 14: COMMERCE
SUBTITLE C: ECONOMIC DEVELOPMENT
CHAPTER I: DEPARTMENT OF COMMERCE AND COMMUNITY AFFAIRS

PART 545

TECHNOLOGY ADVANCEMENT AND DEVELOPMENT ACT PROGRAMS

SUBPART A: TECHNOLOGY CHALLENGE GRANT PROGRAM

Section	Purpose of Program
545.10	Definitions
545.20	Incorporation by Reference
545.25	Program Responsibilities
545.30	Eligible Applicants
545.40	Application Process
545.50	Review of Applications
545.60	Program Administration Requirements
545.70	

SUBPART B: TECHNOLOGY VENTURE INVESTMENT PROGRAM

Section	Purpose
545.110	Definitions
545.120	Application Cycle
545.130	Application Review
545.140	Application Documentation
545.150	Application Evaluation
545.160	Funding
545.170	Selection for Funding
545.180	Allowable Leverage
545.190	Administrative Requirements
545.195	

SUBPART C: BUSINESS MODERNIZATION RETOOLING LOAN PROGRAM

Section	Purpose
545.210	Definitions
545.215	Eligible Businesses
545.220	Eligible Uses of Loan Funds
545.225	Application Documentation
545.230	Application Evaluation
545.235	Selection for Funding
545.240	Funding Waivers
545.245	Allowable Leverage
545.250	Loan Agreement
545.255	Loan Terms
545.260	Loan Security
545.265	Maintenance and Insurance of Property
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Audits
Termination of Loan
Events of Default

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SUBPART D: BUSINESS MODERNIZATION ASSESSMENT GRANT PROGRAM

Program Purpose and Mission
Definitions
Eligible Grant Categories
Eligible Businesses
Application Requirements
Application Process
Application Evaluation Standards
Selection Criteria
Grant Limitations
Administrative Standards for Grant Recipients
Project Reporting
Modification, Suspension and Termination of Grant

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SUBPART E: DEVELOPMENT CORPORATION PROGRAM

Program Purpose
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Applications
Application Review Process
Financial Assistance
Administrative Standards
Financial Assistance Standards
Audits
Modification, Suspension and Termination of Financial Assistance
General Terms Governing Relending

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AUTHORITY: Implementing and authorized by the Technology Advancement and Development Act (Ill. Rev. Stat. 1989, ch. 127, par. 3701-1 et seq.).

SOURCE: Emergency rules adopted at 13 Ill. Reg. 19753, effective December 1, 1989, for a maximum of 150 days; emergency expired April 30, 1990; adopted at 14 Ill. Reg. 9016, effective May 29, 1990; amended at 15 Ill. Reg. 15040, effective October 4, 1991.

NOTE: Capitalization denotes statutory language.

SUBPART D: BUSINESS MODERNIZATION ASSESSMENT GRANT PROGRAM

Section 545.315 Definitions

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"Application" -- A request for program funds including the required statistical and narrative information and attachments.

"Department" -- The Illinois Department of Commerce and Community Affairs.

"Grant" -- Funds provided from the Department through this program.

"Grant Agreement" -- Contractual agreement between the Department and Recipient, which includes the scope of work to be provided, the budget, and all terms and conditions of the contract.

"Program" -- The Business Modernization Assessment Grant Program.

"Project" -- Any activity or activities funded under this program.

"Recipient" -- Any eligible company applicant receiving services funds under this program.

(Source: Amended at 15 Ill. Reg. 15040, effective October 4, 1991)

Section 545.320 Eligible Grant Categories

a) "Competitive Base Analysis" means a short term consulting evaluation of the existing and potential competitive (productivity and profitability) circumstances of a firm or group of firms in key functional areas of the firm. The analysis shall be developed through a combination of plant walk-throughs, statistical data collection, review of available published literature, and extensive interviewing of key personnel, customers, competitors, and other experts who bring perspective to the underlying issues.

1) General overview -- The analysis shall result in a written report which, that shall be submitted to the company and which at a minimum, contains as applicable:

A) General overview -- Specifications of Basic competitive information on the firm's current business strategies, manufacturing technology and process, operations management, current and historical market base and market niche, organizational resources, human resources and general and availability of access to capital and financial condition, including functional areas of:

B) Cost based analysis: a functional overview of the

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manufacturing enterprise and costs associated with each function to determine if associated costs appear abnormally high, to determine which costs are non-value added expenses and which manufacturing functions are high cost areas.

C) Industrial engineering analysis: an overall evaluation of the production environment, targeting specific areas that are related to productivity including plant and equipment configuration, work scheduling techniques, machine and worker productivity rates, inventory systems, production control techniques, shop floor information reporting, quality control efforts.

A) Manufacturing technology: machinery of the firm and industry, level of use of automated or computerized technology, strengths, weaknesses, and potential changes and improvements needed to remain viable;

B) Operations management: production and facilities capacity, receiving and shipping, material flow and handling, production scheduling, and quality control systems;

C) Market and market niches: firm's position in domestic and international markets in relation to its industry, and its relations with suppliers and customers;

B) Organizational and human resources: labor/management relations, worker skills upgrading and training needs, job designs and work performance as well as front-office management, appropriateness of business goals and strategies, and the firm's ability to innovate and change; and

E) General financial condition: stability and growth prospects of the company and its products including those companies involved in local employee buy-out, corporate restructuring or corporate turnaround and an assessment of the potential prospects for job preservation and future job growth.

2) Problem and opportunity identification -- Identification and analysis of primary productivity or profitability problems in each of the key functional areas and factors which the firm must address for continuous success in the marketplace.

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3) Baseline information -- Current year financial and production statistics and data to serve as a baseline for measuring productivity improvements.

4) Problem resolution briefing -- The analysis shall include a written report which will be provided to the company and the Department, discussing:

A) Short term solutions -- identification of immediate, demonstrable, low cost measures, including short term and remedial measures, for each of the functional areas requiring improvement, a preliminary cost/benefit analysis, and a plan of simple actions and procedures to improve productivity and profitability.

B) Longer term follow-on strategies -- and consultants

A) To the extent required, specification of alternative strategies, selection criteria and cost/benefit analysis for the implementation of these alternative strategies and

B) a specific prioritized list of appropriate higher cost, longer term technological innovations in operations management, manufacturing technology, or capital equipment and identification of two or more private vendors, consultants, trade associations, etc., qualified to provide recommended services.

C) If appropriate, proposals or other documentation for the next steps in the company's modernization plans.

D) Referrals to public sources of assistance -- for example, Small Business Development Centers for general business assistance, community colleges for employee training, universities and Technology Centers for product commercialization research and development, and state sources of financing for retooling and modernization implementation.

b) "Productivity Improvement Services" means problem solving services including the analysis, design, planning, introduction, and assistance in implementation of appropriate technological innovations to improve productivity and profitability (and thus, competitiveness). These problem solving services could serve one firm or a group of firms which are aware of one or more particular productivity issues that must be addressed, generally as the result of a Competitive Base Analysis. Productivity

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Improvement Services shall include any or all of the following, as applicable:

- 1) Technology feasibility studies -- Identification of alternative strategies == manufacturing technologies and processes in place at the facility and identification of exemplary strategies currently in use in comparable industries or companies, for example, machinery, equipment, manufacturing processes or designs, and operational or organizational procedures.
- 2) Selection criteria ----- For -- determining -- and -- focusing appropriate type and level of technologies; for example, based on return on investment and significance of benefit; current and future cost impact versus current budget constraints; or capital availability schedules; project length and timing issues; and short range and long range strategic business goals.
- 3) Cost and benefit analysis ----- Identification of the expected costs of technological innovations (capital outlay, finance charges, training maintenance, etc.); and an associated financial return and benefit analysis to the company (job creation/retention; revenue gains; production level improvements).
- 4) Improvement plans --- Development plans including project descriptions; detailed milestones; time schedules -- and targeted completion dates -- for the implementation -- of advanced machinery or equipment; manufacturing processes or designs; or operational or organizational procedures.
- 2)5) Operations management services -- Assistance in improving organizational or operations management procedures such as production scheduling and control, material requirements management, capacity requirements planning, quality control systems, etc. This would generally include engaging appropriate consultants with expertise in the procedures and techniques selected, and education and orientation of the company's management and project team to the key principles, technical knowledge, or skills required to implement the management procedures.
- 3)6) Engineering/design services -- Manufacturing technology selection --- or --- modification Assistance in altering, automating or integrating manufacturing technologies in design and engineering; fabrication/machining and assembly; and material handling, inspection and testing, etc. This could include general and specialized engineering

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consultation audits; assessments of manufacturing technologies in place at the facility and technologies currently available in the marketplace; and technical and engineering assistance with identification, evaluation, selection, installation, and performance testing of the altered manufacturing technology.

- 4)7) Equipment acquisition -- Assessment of Capital Investments Assistance in selecting capital investments for machinery and equipment. This would generally include assessment of manufacturing equipment currently available, assistance with identification of available vendors, and review of vendor support and warranties; development of specific engineering and operational requirements for the equipment; and evaluation of the expected performance of the product.
- 8) Improvement monitoring and feedback ----- Including advice and consultation during the conversion to the updated procedure or methodology; assistance with pilot runs and debugging; post-conversion evaluation of the improved organizational or operational procedures; and evaluation and comparison of the company's performance as a result of investment in the productivity improvements.
- 5) Network or group services -- Industrial consulting and engineering services to a group of similar firms that serves the purposes of the firms that are involved. Such activities will vary as the priorities and opportunities of those firms vary and could include multifirm strategic planning, joint industrial engineering services, cooperative marketing networks, common buying or procurement networks, sectoral quality assurance, or similar activities.

(Source: Amended at 15 Ill. Reg. 15040, effective October 4, 1991)

Section 545.325 Eligible Businesses

- a) Small, medium-sized and mature firms or third parties applying on their behalf are eligible to apply for and receive funds under the provisions of this program, provided that:
 - 1) the firm is located in Illinois or the benefit of the program serves an Illinois based plant or branch and
 - 2) the firm (or its predecessor organization) has been in operation for two years or more or has a meaningful operating history.

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- b) To be eligible, a firm must show a need for Productivity Improvement Services or Competitive Base Analysis because it:

- 1) Has the potential to "Improve Productivity" such as
 - A) reduce high warranty costs, high rework and modification costs, or repeated machine down-time or
 - B) improve production to a level (output per worker, sales per employee, etc.) that equals or exceeds the average or norms for the industry; or
- 2) Has the potential to reverse an actual or expected "Decline in Production" which is a decline in the number of hours of employment and a decline in sales value or quantity, in comparison with previous monthly, quarterly, or annual statistics for the same period of the previous year for reasons such as

- A) steady, long term structural deterioration of the industry,
- B) success of foreign competition in capturing domestic and international markets, etc., or
- C) limited opportunity for market share which is directly attributable to industry located outside of the state or outside of the nation; or

- 3) Has a need or potential to "Improve Competitive Advantage"

- A) by improving product cost, design, quality, or cycle time to meet a consumer demand for which the current product is not competitive,
- B) because the company is required to improve productivity to meet quality standards of its primary customers, or
- C) because the company requires greater flexibility in its manufacturing process to ease product changes and to assure sensitivity to customer needs.

- c) No firm shall be excluded from participating in this program by reason of amount of sales or income or number of employees. If funds are available, the Department may target assistance through this program, based on the following factors: medium-sized (50 to 500 employees) businesses in major industrial groups including: firms in industries in which Illinois is an acknowledged leader,

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to assist them in maintaining their dominant national market position; Illinois' core industries, those industries concentrated in the state and employing 20,000 or more, due to the economic benefits created by their continued operation in the state; and firms in industries which have suffered the greatest loss in employment in recent years, which have the potential to regain lost markets.

(Source: Amended at 15 Ill. Reg. 15040, effective October 4, 1991)

Section 545.330 Application Requirements

Applications for Grants shall be submitted by firms or may be submitted by second parties upon specific written approval of a firm on forms provided by the Department. Any page with proprietary information, trade secrets, or other confidential information must be marked "Confidential." Applications shall include the following:

- a) Company Applicant information shall include the following, if applicable:

- 1) Application Cover Sheet -- The Applicant's name, address, and telephone number, and the names of the Applicant's Chief Executive Officer or other authorized officer, and a contact person.

- 2) Business Plan -- If the Applicant has prepared a business plan.

- 3) Company Applicant History -- A very brief but thorough (one page) description of the Applicant's business including

- A) type of business operation, year founded, organizational structure, and significant events in the company's history.

- B) number, location and nature of manufacturing or production and distribution or sales facilities, domestic (in-state), foreign (out-of-state), and alien (outside the U.S.).

- 4) Company Applicant Management and Capabilities -- A listing of officers, directors and management, their positions (titles and/or responsibility for operation of the company), and percentage of ownership.

- 5) Goods-and-Services Markets and Customer Base --

- A) a description of the types and locations of markets

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to which the Applicant sells its products or services and recent trends in sales;

B)A) a description of the goods and services produced by the company Applicant in Illinois; any significant changes in the products or goods produced by the firm Applicant; the markets served by the firm;

C)B) identification of which of the articles produced are being adversely affected; three year trends in production and sales quantity, unit price, unit volume and gross margins; and two year projections in the same categories;

E) number, location and nature of manufacturing/production and distribution/sales facilities; domestic (in-state); foreign (out-of-state); and alien (outside the U.S.); and

6)B) Employees -- Number and types of production, management and sales employees.

7)5) Corporate Financial Statements --

A) historical statements (or equivalent federal tax forms) for the past one to three years, including Profit and Loss Statements, Balance Sheets, Cash Flow Statements, and disclosure of contingent liabilities and

B) no more than two years of projections of the Profit and Loss Statements, Balance Sheets, and Cash Flow Statements. Audited financial statements are preferred; prepared financial statements are the minimum which is that are acceptable.

b) A statement and description of the project for which funds are being sought as applicable:

1) Justification for Productivity Improvement Services or Competitive Base Analysis --

A) an indication of the kind of problem(s) or issues the Applicant is currently facing (as listed in Section 545.325(b))

B)A) a description of the Applicant's past and present efforts to analyze and improve its competitive condition and productivity structure;

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2) Justification of Need for State Financial Assistance --

A)B) a narrative justification of need for improvement in productivity/competitiveness such as to "Improve Productivity," reverse a "Decline in Production" or "Improve Competitive Advantage," and

B)E) a demonstration that adequate resources are not available internally, for example, by describing what will be done that would not be done if the Grant were not available.

3) Benefits Expected -- A description of the employment and revenue benefits expected to be created as a result of the project, including number of jobs created or retained, increased sales or decreased expenses, or change in level of production.

4) Project Description --

A) a description of the objective(s) of the project, the scope of work and major activities to be performed to complete the project;

B) a description of the technology(ies), equipment, or procedure(s) to be analyzed and/or corrected.

5)2) Identification of the Consultant --

A) The name and qualifications of the consultant, and consultant organization and if more than one consultant is to be involved, the responsibilities of each in completing the project,

B) the total consultant hours to be provided and a time schedule listing start and end dates and key benchmarks,

C) the objective and scope of the assignment, the nature of the final report and interim progress reports, and consultant and client responsibilities during the project to assure its success, and

D) a copy of the consultant's proposal for the project, and

E)B) the anticipated charges, expenses, basis of charges (consultant cost per hour and per day) and terms of payment.

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6)3) Budget -- Indicate the costs of the Productivity Improvement Services or Competitive Base Analysis, and the source of funds to finance the costs. The budget may be submitted on forms provided by the Department and shall include information such as the cost of contractual services, the cost of materials and supplies, any travel costs, etc.

7)4) Economic Development/Competitiveness Results -- A statement of the potential results and improvements expected which shall include "Jobs," "Level of Employment," and "Revenue and Expenses"; and may include "productivity," "Effectiveness," "Efficiency," or "General Capacity."

8)5) Labor/Management Relations -- If the purpose or result of the study is subject to a collective bargaining agreement, evidence of participation/sign off by appropriate bargaining agents.

9) Project Deliverables -- A description of the nature of services and/or plans to be prepared and a confirmation of the Applicant's awareness and understanding of reports and reporting responsibilities under the program.

10) Past Improvements or Assistance Received -- The Applicant's efforts to analyze and improve its competitive condition and productivity structure over the last two years.

11) Certifications -- Certifications by the Applicant regarding its intent to comply with applicable laws and regulations including nondiscrimination, conviction of bribery, interest of public officials, historic preservation, bid rigging, student loans, etc.

(Source: Amended at 15 Ill. Reg. 15040, effective October 4, 1991.)

Section 545.345 Selection Criteria

a) Grant awards will be made on a monthly basis until all available funds are expended. A set-aside fund may be established in order to take action on those applications requiring immediate attention or quarterly allocations may be established to assure year-round availability. Quarterly allocations and set-asides, if any, shall be based on the previous demand for funds and likely grant applications (based on inquiries made to the Department) and shall be changed to allow for the types, number, and quality of requests received throughout the year.

b) Those Applicants which that advance the purposes of the Act and

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comply with Section 545.340 shall be selected for an award of a Grant. The level of the Grant award will be determined in relation to:

1) LEVEL OF EXPERTISE OF THE CONSULTANT OR FIRM UNDERTAKING THE FEASIBILITY STUDY OR COMPETITIVENESS ASSESSMENT,

2) LIKELIHOOD AND EXTENT THAT THE WORK WILL RESULT IN SUBSTANTIAL IMPROVEMENT IN APPLICANT'S OPERATION, AND

3) DETERMINATION OF WHETHER AND THE EXTENT THAT IMPROVEMENT WILL RESULT IN CREATION OR RETENTION OF JOBS (Section 3004(c)(i) through (iii) of the Act) and the number of jobs impacted.

c) A Grant ceiling of 50 percent of project costs has been established by the Act, subject to waiver by the Director. The waiver will be documented and kept on file by the Department. In determining whether to waive the funding limitation, the Director shall consider the following:

1) The Applicant demonstrates to the Department through a financial analysis that the 50 percent funding limitation would prohibit an otherwise approved project, in accordance with Section 545.340, from occurring;

2) The Applicant demonstrates an extraordinary community benefit such as

A) to determine feasibility of a corporate restructuring or corporate turnaround or to prevent a bona fide corporate relocation to another state,

B) project affects a substantial number of employees, or

C) community in which the project is located is distressed or has limited economic development opportunities; or

3) The total request for State funds to serve a specific eligible business does not exceed \$10,000 \$15,000 and

A) the purpose of the request is to conduct a Competitive Base Analysis; or

B) the work to be performed is undertaken by a public or proprietary institution of higher education, a state Technology Center, a Small Business Development Center, trade association, or a non-profit

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organization.

(Source: Amended at 15 Ill. Reg. 15040, effective October 4, 1991)

Section 545.350 Grant Limitations

- a) Eligible Costs -- The costs of an Applicant incurred directly as a Productivity Improvement Services or Competitive Base Analysis expense, including contractual services; consultant fees; commodities; training, materials, and supplies; travel and other project related direct expenses necessitated by the Productivity Improvement Services or Competitive Base Analysis are eligible costs which may be reimbursed with Grant proceeds. Grant funds may not be used to purchase tangible or intangible personal property having a useful life of more than one year and an acquisition cost of \$500 \$300 or more per unit.

- b) Competitive Base Analysis Grant Amounts -- The Department shall approve Grants in amounts necessary to pay a percent share of Eligible Costs as defined in subsection (a), incurred by or on behalf of an eligible business for a Competitive Base Analysis up to a maximum of \$40,000 \$15,000, unless the Director waives the percent share or maximum amount in accordance with Section 545.345(c).

- c) Productivity Improvement Services Grant Amounts -- The Department shall approve Grants in amounts necessary to pay up to 50 percent of Eligible Costs, as defined in subsection (a), incurred by or on behalf of an eligible business for Productivity Improvement Services, up to a maximum of \$100,000, unless the Director waives the percent share or maximum amount in accordance with Section 545.345(c).

- d) Cost Share Limitations -- The Department reserves the right to limit its share of project costs, for example, the Department's share of consultant cost per hour or consultant cost per day and to limit to no less than 25 percent of total project costs the amount of Recipient's share of indirect and/or in-kind expenses of the project to be considered in the computation of matching share.

(Source: Amended at 15 Ill. Reg. 15040, effective October 4, 1991)

Section 545.355 Administrative Standards for Grant Recipients

- a) Grant Agreement -- The Department will have discussions with the Applicant as needed to negotiate the Grant Agreement. The Grant Agreement will set out the scope of work of the grant, the terms and conditions of the Grant, and the period of the Grant

Agreement.

- b) Grant Period -- Any Productivity Improvement Services or Competitive Base Analysis Grant shall have period of completion as determined by the Department.
- c) Non-Discrimination -- The Recipient shall refrain from unlawful discrimination in employment and undertake affirmative action to assure equality of employment opportunity and eliminate the effects of past discrimination in accordance with the Illinois Human Rights Act (Ill. Rev. Stat. 19871989, ch. 68, pars. 1-101 et seq.).
- d) Complaint Process -- In the event of a Recipient complaint, the Department will follow the procedures outlined in 47 Ill. Adm. Code 10 (Review and Appeal Procedures).

- e) Confidentiality -- Any proprietary documentary materials or data received by the Department, consisting of trade secrets, or commercial or financial information regarding the operation of any enterprise conducted by an Applicant applying for funding under this Act, or regarding the competitive position of such enterprise in a particular field of endeavor, shall be deemed to be confidential and shall not be deemed public records.

- f) Fund Availability -- Payments pursuant to a grant are subject to the availability of funds appropriated to the Department by the Illinois General Assembly. Grant funds must be expended or obligated within the period of the Grant Agreement and liquidated within the period of time in accordance with the Illinois Grant Funds Recovery Act (Ill. Rev. Stat. 19871989, ch. 127, pars. 2301 et seq.).

- g) Disbursement of Funds -- Upon approval of an application for a Grant and execution of a Grant agreement, and subject to the provisions of this program, funds to be provided by the Department to the Applicant may be immediately disbursed, may be disbursed based on work in progress, and may be disbursed subject to receipt of final or interim progress reports. Payments to the Recipient are subject to the initiation of an invoice voucher and receipt of an expenditure summary or documentation of expenses. Examples of the categories of disbursements follow:

- 1) Advance Payment - Applicant is a governmental unit or nonprofit entity.
- 2) Work in Progress Payment - Project requires reimbursement to facilitate cash flow, project term is more than one month or more than one report is to be submitted.

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- 3) Single Payment - Project end report is received prior to disbursement by the Department.
- h) Financial Management -- The Recipient is accountable for funds received under this grant and shall maintain effective control and accountability over all funds and other assets under the grant. The Recipient shall keep records which detail and accurately document the Recipient's expenditures of grant funds for a period of two years from the end of the Grant Agreement.
- i) Interest on Grant Funds -- In accordance with Section 10 of the Illinois Grant Funds Recovery Act (Ill. Rev. Stat. 1988 Supp. 1989, ch. 127, par. 2310), all interest earned on funds held by the Recipient under the Grant shall become part of the Grant when earned. Any interest earned under the Grant, and not expended as Grant principal during the term of the Grant, shall be returned to the Department.
- j) Overpayments and Recovery of Funds -- If the grant Recipient expends Grant funds contrary to the provisions of the Grant agreement, such action shall require the repayment of those funds if the expenditure violated the Recipient's assurances or the statutory provisions. The Department shall also require repayment of Recipient expenditures that do not conform to the provisions of the Grant Agreement but do not violate statutory provisions. An overpayment of grant funds (unliquidated balance) shall promptly be refunded to the Department which shall be not later than 45 days after the expiration of the Grant Agreement. In addition, the Recipient agrees to repay the Department for any funds that are determined by the Department to have been spent in violation of the Grant agreement. Examples of the categories of disbursements follow:
- 1) advance payments -- applicant is a governmental unit or non-profit entity;
- 2) work and progress payment -- project requires reimbursement to facilitate cash flow; project term is more than one month or more than one report is to be submitted;
- 3) single payment -- project end report is received prior to disbursement by the Department;
- k) Department Monitoring and Evaluation -- Recipients and their subcontractors, if any, must permit any agent authorized by the Department, upon presentation of credentials to have full access to and the right to examine any documents, papers, and records of the Recipient involving transactions related to a Grant from the Department.

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- 1) Special Audits -- The Department reserves the right to conduct special audits at any time during normal working hours, of funds expended under the program.

(Source: Amended at 15 Ill. Reg. 15040, effective October 4, 1991.)

Section 545.360 Project Reporting

- a) General Reports -- The Department reserves the right to require interim reports to document progress in accomplishing the objectives of a Grant. The Recipient shall provide, within 30 calendar days of a request, such interim reports on progress as may be required by the Department including consultants reports, narrative analyses, reports on job creation/retention and production level improvements and summaries of expenditures. Examples of circumstances in which interim progress reports shall be required include, but are not limited to:
- 1) applicant has failed to provide a report required by the Grant Agreement;
 - 2) reports to address inquiries from Department auditors, and;
 - 3) reports requested by the Department for year end budget and program planning purposes.
- b) Consultant Narrative Report -- The Recipient will provide to the Department within 30 calendar days of the end of the Grant agreement project, a written copy of the documents and/or reports of its Competitive Base Analysis or Productivity Improvement Services Grant including any consultant digest report or letter report.
- c) Recipient - Narrative Company Evaluation and Analysis -- Upon review of the narrative Consultant's report, the business receiving assistance shall determine and report to the Department within 30 calendar days of the end of the Grant Agreement:
- 1) Whether the consultant's cost and time estimates were accurate and whether the assignment was completed and meets the expectations of the business.
 - 2) Whether the analysis adequately identifies and diagnoses problems, and provides recommendations for corrective action.
 - 3) Whether the plan contains a sound and detailed strategy for action to be undertaken to enhance the business's success.

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4) If appropriate, the extent to which the recommendations were or will be installed and the timetable for such action.

5) Whether a reasonable prospect exists that the implementation of the plan will allow the firm to become competitive, profitable and successful and create or retain jobs in the state.

d) Productivity Status Report -- The Recipient of a Grant Project services shall provide the Department with a narrative statistical progress report on the status of job creation/retention, production level improvements, and revenues and expenses at the Recipient's plant/operation. The report shall be due 30 calendar days after the one-year anniversary date of the signature of the Grant. Additionally, any Recipient of a Productivity Improvement Services Grant shall provide a similar status report due 30 calendar days after the two-year anniversary date of the signature of the Grant. The Productivity Status Report shall include, but not be limited to:

1) Job Creation/Retention -- The Recipient must provide information on the net job creation/retention which has occurred as a result of the project, including: number and types of jobs and hours of employment.

A) Jobs Impact -- Identification of the number and types (production, management, sales, etc.) of jobs to be created or existing jobs to be saved and retained.

B) Level of Employment -- The increase in hours of employment offered to employees, reduction of layoff periods, etc.

2) Revenue and Expense Measures -- The Recipient must show the financial benefit to the firm, which shall be determined by: an increase in revenues or decrease in expenses.

A) Revenue -- Measures -- Increased -- sales -- revenues; increased -- profit -- after -- tax; increased -- sales contracts.

B) Expenses -- Elimination/prevention of company losses; reduced -- production -- costs; reduced -- total -- company expenses; etc.

3) Production Level Improvements -- The Recipient must report the extent to which the project (as opposed to outside factors) has changed production levels, quality of output,

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timeliness of delivery, or other general measures of increased capacity. This shall include a review of: productivity, effectiveness, efficiency, general capacity.

A) Productivity Measures -- For example, increased sales value per labor or machine hour; increased production volume (units or sales value) per labor or machine hour; increased gross income per employee; increased ratio of sales to production costs; etc.

B) Effectiveness -- For example, decreased defects per total products; decreased returns per products shipped; decreased late orders compared to total orders; reduced product warranty costs; etc.

C) Efficiency -- For example, reduced lead time; reduced cycle time; reduced work in progress inventory; increased total production compared to budgeted or actual costs; decreased non-production labor hours per total labor hours; reduced capital investment per unit of product produced; etc.

B) General Capacity Measures -- For example, increased capacity to capture contracts; increased product longevity; change in market share; etc.

e) Expenditure and Match Summary -- Each Recipient funded shall maintain and provide to the Department appropriate and accurate documents and records of actual Grant related obligations and expenses and appropriate documents and records (such as books of accounts, warrants, receipts for payment, reports of in-kind expenditures, time sheets and bank deposit slips) which detail the Recipient's expenditure of Grant funds and match funds.

(Source: Amended at 15 Ill. Reg. 15040, effective October 4, 1991.)

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- 1) Heading of Part: Group Coordination of Benefits
- 2) Code Citation: 50 Ill. Adm. Code 2009
- 3) Section Number: Adopted Action:
- | | |
|----------------|---------|
| 2009.20 | Amended |
| 2009.30 | Amended |
| 2009.40 | Amended |
| 2009.60 | Amended |
| 2009.Exhibit A | Amended |
- 4) Statutory Authority: Implementing and authorized by Section 367 of the Illinois Insurance Code (Ill. Rev. Stat. 1989, ch. 73, par. 979) and authorized by Section 401 of the Illinois Insurance Code (Ill. Rev. Stat. 1989, ch. 73, par. 1013).
- 5) Effective Date of Amendment: October 7, 1991
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this amendment contain incorporations by reference?
No
- 8) Date filed in Agency's Principal Office: October 2, 1991
- 9) Notice of Proposal Published in Illinois Register:
April 26, 1991; 15 Ill. Reg. 5953
- 10) Has JCAR issued a Statement of Objections to this rule? No
- 11) Difference(s) between proposal and final version:
- Section 2009.20(c)(1) - On the last line "a" was inserted between the word "much" and "plan".
 - Section 2009.20(g) - The semicolon at the end of the introductory paragraph was changed to a colon.
- 12) Have all changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR?
Yes
- 13) Will this amendment replace an emergency rule currently in effect? No

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- 14) Are there any amendments pending on this Part? No
- 15) Summary and Purpose of rulemaking:
The Department has initiated these language changes in order to conform this Part with recent changes in the model COB regulation of the National Association of Insurance Commissioners. A federal law adopted on November 21, 1989 requires a change in this Part regarding coordination of benefits. The Consolidated Omnibus Budget Reconciliation Act of 1987 (COBRA) originally provided that coverage under any other group health plan caused the COBRA coverage to end. An amendment passed as part of H.R. 3299 (1989) allows the COBRA coverage to continue if the other group plan contains any preexisting condition limitation. In this instance two policies will cover an individual and insurers will turn to this Part to determine which coverage is primary.
The purpose of the suggested revision is to make the results of the COBRA plan consistent. Whether the individual with two coverages was a laid off employee, a former dependent or a divorced spouse; the COBRA continuation plan would always be secondary to a plan covering him as an employee, member or subscriber.
- 16) Information and questions regarding this adopted amendment shall be directed to:

Charles J. Budinger, Unit Supervisor, L/A&H
Department of Insurance
320 West Washington
Springfield, Illinois 62767

The full text of the Adopted Amendments begins on the next page.

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TITLE 50: INSURANCE
CHAPTER 1: DEPARTMENT OF INSURANCE
SUBCHAPTER 2: ACCIDENT AND HEALTH INSURANCE

PART 2009
GROUP COORDINATION OF BENEFITS

Section	Purpose and Applicability
2009.10	Definitions
2009.20	Model COB Contract Provision
2009.30	Standards for Coordination of Benefits
2009.40	Procedure to be Followed by Secondary Plan
2009.50	Miscellaneous Provisions
2009.60	Model COB Provisions
2009. Exhibit A	

AUTHORITY: Implementing and authorized by Section 367 of the Illinois Insurance Code (Ill. Rev. Stat. 1989, ch. 73, par. 979) and authorized by Section 401 of the Illinois Insurance Code (Ill. Rev. Stat. 1989, ch. 73, par. 1013).

SOURCE: Adopted at 12 Ill. Adm. Code 17346, effective November 8, 1988; amended at 15 Ill. Adm. Code 15061, effective October 7, 1991.

Section 2009.20 Definitions

The following words and terms, when used in this Part, shall have the following meanings unless the context clearly indicates otherwise:

a) Allowable Expenses

- 1) "Allowable Expense" means the necessary, reasonable, and customary item of expense for health care when the item of expense is covered at least in part under any of the plans involved. Necessary, reasonable, and customary item of expense for health care shall be defined in the policy.
- 2) Notwithstanding the above definition, items of expense under coverages such as dental care, vision care, prescription drug or hearing aid programs may be excluded from the definition of Allowable Expense. A plan which provides benefits only for any such items of expense may limit its definition of Allowable Expenses to like items of expense.

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- 3) When a plan provides benefits in the form of service, the reasonable cash value as determined by the insurer based on the value placed on such service in the geographic area of each service will be considered as both an Allowable Expense and a benefit paid.
- 4) The difference between the cost of a private hospital room and the cost of a semi-private hospital room is not considered an Allowable Expense under the above definition unless the patient's stay in a private hospital room is medically necessary as determined by the physicians of record.
- 5) When COB is restricted in its use to specific coverage in a contract (for example, major medical or dental), the definition of "Allowable Expense" must include the corresponding expenses or services to which COB applies.
- 6) When benefits are reduced under a Primary Plan because a covered person does not comply with the plan provisions, the amount of such reduction shall not be considered an Allowable Expense. Examples of such provisions are those related to second surgical opinions, precertification of admissions or services, and preferred provider arrangements.
 - A) Only benefit reductions based upon provisions similar in purpose to those described above and which are contained in the Primary Plan may be excluded from Allowable Expenses.
 - B) This provision shall not be used by a Second Plan to refuse to pay benefits because an HMO member has elected to have health care services provided by a non-HMO provider and the HMO, pursuant to its contract, is not obligated to pay for providing those services.

b) Claim

A request that benefits of a plan be provided or paid is a "claim." The benefits claimed may be in the form of:

- 1) Services (including supplies);

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- 2) Payment for all or a portion of the expenses incurred;
- 3) A combination of subsections (1) and (2) above; or
- 4) An indemnification.

c) Claim Determination Period

- 1) "Claim Determination Period" means the period of time, which must not be less than 12 consecutive months, over which Allowable Expenses are compared with total benefits payable in the absence of COB, to determine whether overinsurance exists and how much a plan will pay or provide.
- 2) The Claim Determination Period is usually a calendar year, but a plan may use some other period of time that fits the coverage of the group contract. A person may be covered by a plan during a portion of a Claim Determination Period if that person's coverage starts or ends during the Claim Determination Period.
- 3) As each claim is submitted, each plan is to determine its liability and pay or provide benefits based upon Allowable Expenses incurred to that point in the Claim Determination Period. But that determination is subject to adjustment as later Allowable Expenses are incurred in the same Claim Determination Period.

d) Coordination of Benefits

This is a provision establishing an order in which plans pay their claims.

e) Hospital Indemnity Benefits

These are benefits not related to expenses incurred. The term does not include reimbursement-type benefits even if they are designed or administered to give the insured the right to elect indemnity-type benefits at the time of claim.

f) Plan

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- 1) "Plan" means a form of coverage with which coordination is allowed. The definition of plan in the group contract must state the types of coverage which will be considered in applying the COB provision of that contract. The right to include a type of coverage is limited by the rest of this definition.
- 2) The definition shown in the Model COB Provision, attached to this Part as Appendix Exhibit A, is an example of what may be used. Any definition that satisfies this subsection may be used. (The Department will determine compliance with this subsection pursuant to its authority under Section 143 of the Illinois Insurance Code (Ill. Rev. Stat. 1987, ch. 73, par. 755)).
- 3) This Part uses the term "plan." However, a group contract may, instead, use "program" or some other term.
- 4) Plan may include:
 - A) Group insurance and group subscriber contracts;
 - B) Uninsured arrangements of group or group-type coverage;
 - C) Group or group-type coverage through HMOs and other prepayment, group practice and individual practice plans;
 - D) Group-type contracts. Group-type contracts are contracts which are not available to the general public and can be obtained and maintained only because of membership in or connection with a particular organization or group. Group-type contracts answering this description may be included in the definition of plan, at the option of the insurer or the service provider and the contract client, whether or not uninsured arrangements are used and regardless of how the group-type coverage is designated. Individually underwritten and issued guaranteed renewable policies would not be considered "group-type" even though purchased through payroll deduction at a premium savings to the

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insured since the insured would have the right to maintain or renew the policy independently of continued employment with the employer.

- E) The amount by which group or group-type hospital indemnity benefits exceed \$100 per day;
 - F) The medical benefits coverage in group automobile contracts, in group or individual automobile "no-fault" contracts, and in traditional automobile "fault" type contracts to the extent that such contracts are Primary Plans.
 - G) Medicare or other governmental benefits, except as provided in subsection(5)(G) below. That part of the definition of plan may be limited to the hospital, medical and surgical benefits of the governmental program.
- 5) Plan shall not include:
- A) Individual or family insurance contracts;
 - B) Individual or family subscriber contracts;
 - C) Individual or family coverage through Health Maintenance Organizations (HMOs);
 - D) Individual or family coverage under other prepayment, group practice and individual practice plans;
 - E) Group or group-type hospital indemnity benefits of \$100.00 per day or less;
 - F) School accident-type coverages. These contracts cover grammar, high school and college students for accidents only, including athletic injuries, either on a 24-hour basis or on a "to and from school" basis; and
 - G) A state plan under Medicaid, and shall not include a law or plan when, by law, its benefits are in excess of those of any private insurance plan or other non-government plan.

g) Primary Plan

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A Primary Plan is a plan whose benefits for a person's health care coverage must be determined without taking the existence of any other plan into consideration. A plan is a Primary Plan if either of the following conditions is true:

- 1) The plan either has no order of benefit determination rules, or it has rules which differ from those permitted by this subchapter. There may be more than one Primary Plan; or
- 2) All plans which cover the person use the order of benefit determination rules required by this regulation, and under those rules the plan determines its benefits first.

h) Secondary Plan

A Secondary Plan is a plan which is not a Primary Plan. If a person is covered by more than one Secondary Plan, the order of benefit determination rules of this Part decide the order in which their benefits are determined in relation to each other. The benefits of each Secondary Plan may take into consideration the benefits of the Primary Plan or plans and the benefits of any other plan which, under the rules of this regulation, has its benefits determined before those of that Secondary Plan.

i) This Plan

In a COB provision, this term refers to the part of the group contract providing the health care benefits to which the COB provision applies and which may be reduced because of the benefits of other plans. Any other part of the group contract providing health care benefits is separate from "This Plan." A group contract may apply one COB provision to certain of its benefits (such as dental benefits), coordinating only with like benefits, and may apply other separate COB provisions to coordinate other benefits.

(Source: Amended at 15 Ill. Reg. 15061 effective October 7, 1991)

Section 2009.30 Model COB Contract Provision

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a) Exhibit A contains a model COB provision for use in group contracts. That use is subject to subsections (b) and (c) below and the provisions of Section 2009.40 of this Part.

b) A group contract's COB provision does not have to use the words and format shown at Appendix Exhibit A. Changes may be made to fit the language and style of the rest of the group contract or to reflect the difference among plans which provide services; which pay benefits for expenses incurred; and which indemnify. No other substantive changes are allowed. (The Department will determine compliance with this subsection pursuant to its authority under Section 143 of the Illinois Insurance Code (Ill. Rev. Stat. 1987 ch. 73, par. 755)).

c) Prohibited Coordination and Benefit Design

1) A group contract may not reduce benefits on the basis that:

- A) Another plan exists;
- B) A person is or could have been covered under another plan, except with respect to Part B of Medicare; or
- C) A person has elected an option under another plan providing a lower level of benefits than another option which could have been elected.

2) No contract may contain a provision that its benefits are "excess" or "always secondary" to any plan as defined in this regulation, except in accord with the rules permitted by this regulation.

(Source: Amended at 15 Ill. Reg. 15061 effective October 7, 1991.)

Section 2009.40 Standards for Coordination of Benefits

a) General

The general order of benefits is as follows:

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- 1) The Primary Plan must pay or provide its benefits as if the Secondary Plan or Plans did not exist. A Plan that does not include a coordination of benefits provision may not take the benefits of another plan into account when it determines its benefits. There is one exception: a contract holder's coverage that is designed to supplement a part of a basic package of benefits may provide that the supplementary coverage shall be excess to any other parts of the plan provided by the contract holder.
- 2) A Secondary Plan may take the benefits of another plan into account only when, under these standards, it is Secondary to that other plan.
- 3) The benefits of the plan which covers the person as an employee, member or subscriber (that is, other than as a dependent) are determined before those of the plan which covers the person as a dependent; except that: if the person is also a Medicare beneficiary, Medicare is

A) Secondary to the plan covering the person as a dependent; and

B) Primary to the plan covering the person as other than a dependent, for example a retired employee.

b) Dependent Child/Parents Not Separated or Divorced

The standards for the order of benefits for a dependent child when the parents are not separated or divorced are as follows:

- 1) The benefits of the plan of the parent whose birthday falls earlier in a year are determined before those of the plan of the parent whose birthday falls later in that year;
- 2) If both parents have the same birthday, the benefits of the plan which covered the parent longer are determined before those of the plan which covered the other parent for a shorter period of time;

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- 3) The word "birthday" refers only to month and day in a calendar year, not the year in which the person was born;
- 4) A group contract which includes COB and which is issued or renewed, or which has an anniversary date on or after 60 days after the effective date of this Part shall include the substance of the provision in subsections (b)(1), (2) and (3) above.
- 5) If the other plan does not contain the standards described in subsections (b)(1), (2) and (3) above, but instead has a standard based upon the gender of the parent; and if, as a result, the plans do not agree on the order of benefits, the standard based upon the gender of the parent will determine the order of benefits.

c) Dependent Child/Separated or Divorced Parents

If two or more plans cover a person as a dependent child of divorced or separated parents, benefits for the child are determined in this order:

- 1) First, the plan of the parent with custody of the child;
- 2) Then, the plan of the spouse of the parent with the custody of the child; and
- 3) Finally, the plan of the parent not having custody of the child.
- 4) If the specific terms of a court decree state that one of the parents is responsible for the health care expenses of the child, and the entity obligated to pay or provide the benefits of the plan of that parent has been informed of those terms, the benefits of that plan are determined first. The plan of the other parent shall be the Secondary plan. This subsection does not apply with respect to any Claim Determination Period or Period of plan year during which any benefits are actually paid or provided before the entity has that actual knowledge.

d) Dependent Child/Joint Custody.

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If the specific terms of a court decree state that the parents shall share joint custody, without stating that one of the parents is responsible for the health care expenses of the child, the plan covering the child shall follow the order of benefit determination rules outlined in subsection (b) above.

de) Active/Inactive Employee

The benefits of a plan which covers a person as an employee who is neither laid off nor retired (or as that employee's dependent) are determined before those of a plan which covers that person as a laid off or retired employee (or as that employee's dependent). If the other plan does not have this standard; and if, as a result, the plans do not agree on the order of benefits, this standard is ignored.

f) Continuation Coverage

1) If a person whose coverage is provided under a right of continuation, pursuant to federal or state law, also is covered under another plan, the following shall be the order of benefit determination:

A) First, the benefits of a plan covering the person as an employee, member or subscriber (or as that person's dependent);

B) Second, the benefits under the continuation coverage.

2) If the other plan does not contain the order of benefits determination described within this subsection, and if, as a result, the plans do not agree on the order of benefits, this requirement shall be ignored.

eg) Longer/Shorter Length of Coverage

If none of the above standards determines the order of benefits, the benefits of the plan which covered an employee, member or subscriber longer are determined before those of the plan which covered that person for the shorter term.

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- 1) To determine the length of time a person has been covered under a plan, two plans shall be treated as one if the claimant was eligible under the second within 24 hours after the first ended.
- 2) The start of a new plan does not include:
 - A) A change in the amount of scope of a plan's benefits;
 - B) A change in the entity which pays, provides or administers the plan's benefits; or
 - C) A change from one type of plan to another (such as, from a single employer plan to that of a multiple employer plan).
- 3) The claimant's length of time covered under a plan is measured from the claimant's first date of coverage under that plan. If that date is not readily available, the date the claimant first became a member of the group shall be used as the date from which to determine the length of time the claimant's coverage under the present plan has been in force.

(Source: Amended at 15 Ill. Reg. 15061 effective
October 7, 1991)

Section 2009.60 Miscellaneous Provisions

a) Reasonable Cash Values of Services

A Secondary Plan which provides benefits in the form of services may recover the reasonable cash value of providing the services from the Primary Plan, to the extent that benefits for the services are covered by the Primary Plan and have not already been paid or provided by the Primary Plan. Nothing in this provision shall be interpreted to require a plan to reimburse a covered person in cash for the value of services provided by a plan which provides benefits in the form of services.

b) Excess and Other Nonconforming Provisions

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- 1) Some plans have order of benefit determination standards not consistent with this Part which declare that the plan's coverage is "excess" to all others, or "always secondary." This occurs because certain plans may not be subject to insurance regulation, or because some group contracts have not yet been conformed with this Part pursuant to Section 2009.20.
- 2) A plan with order of benefit determination standards which comply with this Part (Complying Plan) may coordinate its benefits with a plan which is "excess" or "always secondary" or which uses order of benefit determination standards which are inconsistent with those contained in this Part (Noncomplying Plan) on the following basis:
 - A) If the Complying Plan is the Primary Plan, it shall pay or provide its benefits on a primary basis;
 - B) If the Complying Plan is the Secondary Plan, it shall, nevertheless, pay or provide its benefits first, but the amount of the benefits payable shall be determined as if the Complying Plan were the Secondary Plan. In such a situation, such payment shall be the limit of the Complying Plan's liability; and
 - C) If the Noncomplying Plan does not provide the information needed by the Complying Plan to determine its benefits within sixty (60) days after it is requested to do so, the Complying Plan shall assume that the benefits of the Noncomplying Plan are identical to its own, and shall pay its benefits accordingly. However, the Complying Plan must adjust any payments it makes based on such assumption whenever information becomes available as to the actual benefits of the Noncomplying Plan.
 - D) If the Noncomplying Plan reduces its benefits so that the employee, subscriber, or member receives less in benefits than he or she would have received had the Complying Plan paid or provided its benefits as the Secondary Plan and the Noncomplying Plan paid or provided its

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benefits as the Primary Plan, and governing state law allows the right of subrogation set forth below, then the Complying Plan shall advance to or on behalf of the employee, subscriber or member an amount equal to such difference. However, in no event shall the Complying Plan advance more than the Complying Plan would have paid had it been the Primary Plan less any amount it previously paid. In consideration of such advance, the Complying Plan shall be subrogated to all rights of the employee, subscriber or member against the Noncomplying Plan. Such advance by the Complying Plan shall also be without prejudice to any claim it may have against the Noncomplying Plan in the absence of such subrogation.

- c) Allowable Expense. A term such as "usual and customary," "usual and prevailing," or "reasonable and customary," may be substituted for the term "necessary, reasonable and customary." Terms such as "medical care" or "dental care" may be substituted for "health care" to describe the coverages to which the COB provisions apply.
- d) Subrogation. The COB concept clearly differs from that of traditional subrogation. Provisions for one may be included in health care benefits contracts without compelling the inclusion or exclusion of the other. ~~traditional subrogation provisions will not be used in the State of Illinois.~~

(Source: Amended at 15 Ill. Reg. 15061 effective
October 7, 1991.)

Section 2009. Exhibit A Model COB Provisions

COORDINATION OF THE GROUP CONTRACT'S BENEFITS
WITH OTHER BENEFITS

I. APPLICABILITY

- A. This Coordination of Benefits ("COB") provision applies to This Plan when an employee or the employee's covered dependent has health care coverage under more than one Plan. "Plan" and "This Plan" are defined below.

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- B. If this COB provision applies, the order of benefit determination rules should be looked at first. Those rules determine whether the benefits of This Plan are determined before or after those of another plan. The benefits of This Plan:
- (1) Shall not be reduced when, under the order of benefit determination rules, This Plan determines its benefits before another plan; but
 - (2) May be reduced when, under the order of benefit determination rules, another plan determines its benefits first. The above reduction is described in Section IV "Effect on the Benefits of This Plan."

II. DEFINITIONS

- A. "Plan" is any of these which provides benefits or services for, or because of, medical or dental care or treatment:
- (1) Group insurance or group-type coverage, whether insured or uninsured. This includes prepayment, group practice or individual practice coverage. It also includes coverage other than school accident-type coverage.
 - (2) Coverage under a governmental plan, or coverage required or provided by law. This does not include a state plan under Medicaid (Title XIX, Grants to States for Medical Assistance Programs, of the United States Social Security Act (42 U.S.C.A. 301, et seq.), as amended from time to time).
- Each contract or other arrangement for coverage under (1) or (2) is a separate plan. Also, if an arrangement has two parts and COB rules apply only to one of the two, each of the parts is a separate plan.
- B. "This Plan" is the part of the group contract that provides benefits for health care expenses.
- C. "Primary Plan/Secondary Plan:" The order of benefit determination rules state whether This Plan is

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a Primary Plan or Secondary Plan as to another plan covering the person.

When This Plan is a Primary Plan, its benefits are determined before those of the other plan and without considering the other plan's benefits.

When This Plan is a Secondary Plan, its benefits are determined after those of the other plan and may be reduced because of the other plan's benefits.

When there are more than two plans covering the person, This Plan may be a Primary Plan as to one or more other plans, and may be a Secondary Plan as to a different plan or plans.

D. "Allowable Expense" means a necessary, reasonable and customary item of expense for health care; when the item of expense is covered at least in part by one or more plans covering the person for whom the claim is made.

The difference between the cost of a private hospital room and the cost of a semi-private hospital room is not considered an Allowable Expense under the above definition unless the patient's stay in a private hospital room is medically necessary either in terms of generally accepted medical practice, or as specifically defined in the plan.

When a plan provides benefits in the form of services, the reasonable cash value of each service rendered will be considered both an Allowable Expense and a benefit paid.

E. "Claim Determination Period" means a calendar year. However, it does not include any part of a year during which a person has no coverage under This Plan, or any part of a year before the date this COB provision or a similar provision takes effect.

III. ORDER OF BENEFIT DETERMINATION RULES

A. General. When there is a basis for a claim under This Plan and another plan, This Plan is a

Secondary Plan which has its benefits determined after those of the other plan, unless;

- (1) The other plan has rules coordinating its benefits with those of This Plan; and
- (2) Both those rules and This Plan's rules, in Subsection (B) below, require that This Plan's benefits be determined before those of the other plan.

B. Rules. This Plan determines its order of benefits using the first of the following rules which applies:

- (1) Non-Dependent/Dependent. The benefits of the plan which covers the person as an employee, member or subscriber (that is, other than as a dependent) are determined before those of the plan which covers the person as a dependent, except that: if the person is also a Medicare beneficiary, Medicare is

(a) Secondary to the plan covering the person as a dependent; and

(b) Primary to the plan covering the person as other than a dependent, for example a retired employee.

- (2) Dependent Child/Parents not Separated or Divorced. Except as stated in Paragraph subsection (B)(3) below, when This Plan and another plan cover the same child as a dependent of different person, called "parents:"

(a) The benefits of the plan of the parent whose birthday falls earlier in a year are determined before those of the plan of the parent whose birthday falls later in that year; but

(b) If both parents have the same birthday, the benefits of the plan which covered the parents longer are determined before those of the plan which covered the other parent for a shorter period of time.

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However, if the other plan does not have the rule described in subsection (2)(a) immediately above, but instead has a rule based upon the gender of the parent, and if, as a result, the plans do not agree on the order of benefits, the rule in the other plan will determine the order of benefits.

- (3) Dependent Child/Separated or Divorced. If two or more plans cover a person as a dependent child of divorced or separated parents, benefits for the child are determined in this order:

- (a) First, the plan of the parent with custody of the child;
- (b) Then, the plan of the spouse of the parent with the custody of the child; and
- (c) Finally, the plan of the parent not having custody of the child.

However, if the specific terms of a court decree state that one of the parents is responsible for the health care expense of the child, and the entity obligated to pay or provide the benefits of the plan of that parent has actual knowledge of those terms, the benefits of that plan are determined first. The plan of the other parent shall be the Secondary Plan. This paragraph does not apply with respect to any Claim Determination Period or Plan year during which any benefits are actually paid or provided before the entity has that actual knowledge.

- (4) Dependent Child/Joint Custody. If the specific terms of a court decree state that the parents shall share joint custody, without stating that one of the parents is responsible for the health care expenses of the child, the plans covering the child shall follow the order of benefit determination rules outlined in Paragraph III subsection B(2) above.

- (4)(5) Active/Inactive Employee. The benefits of a plan which covers a person as an employee who is neither laid off nor retired (or as that employee's dependent) are determined before those of a plan which covers that person as a laid off or retired employee (or as that employee's dependent). If the other plan does not have this rule, and if, as a result, the plans do not agree on the order of benefits, this Rule (4) is ignored.

- (6) Continuation coverage. If a person whose coverage is provided under a right of continuation pursuant to federal or state law also is covered under another plan, the following shall be the order of benefit determination:

- (a) First, the benefits of a plan covering the person as an employee, member or subscriber (or as that person's dependent);
- (b) Second, the benefits under the continuation coverage.

If the other plan does not contain the order of benefits determination described within this subsection, and if, as a result, the plans do not agree on the order of benefits, this requirement shall be ignored.

- (5)(7) Longer/Shorter Length of Coverage. If none of the above rules determines the order of benefits, the benefits of the plan which covered an employee, member or subscriber longer are determined before those of the plan which covered that person for the shorter term.

IV. EFFECT ON THE BENEFITS OF THIS PLAN

- A. When This Section Applies. This Section IV applies when, in accordance with Section III "Order of Benefit Determination Rules," This Plan is a Secondary Plan as to one or more other plans. In that event the benefits of this plan may be reduced under this section. Such other plan or plans are referred to as "the other plans" in [B] immediately below.

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B. Reduction in this Plan's Benefits. The benefits of This Plan will be reduced when the sum of:

- (1) The benefits that would be payable for the Allowable Expense under This Plan in the absence of this COB provision; and
- (2) The benefits that would be payable for the Allowable Expenses under the other plans, in the absence of provisions with a purpose like that of this COB provision, whether or not claim is made; exceeds those Allowable Expenses in a Claim Determination Period. In that case, the benefits of This Plan will be reduced so that they and the benefits payable under the other plans do not total more than those Allowable Expenses.

When the benefits of This Plan are reduced as described above, each benefit is reduced in proportion. It is then charged against any applicable benefit limit of This Plan.

V. RIGHT TO RECEIVE AND RELEASE NEEDED INFORMATION

Certain facts are needed to apply these COB rules. [Insurer] has the right to decide which facts it needs. It may get needed facts from or give them to any other organization or person. [Insurer] need not tell, or get the consent of, any person to do this. Each person claiming benefits under This Plan must give [insurer] any facts it needs to pay the claim.

VI. FACILITY OF PAYMENT

A payment made under another plan may include an amount which should have been paid under This Plan. If it does, [insurer] may pay that amount to the organization which made that payment. That amount will then be treated as though it were a benefit paid under This Plan. [Insurer] will not have to pay that amount again. The term "payment made" includes providing benefits in the form of services, in which case "payment made" means reasonable cash value of the benefits provided in the form of services.

VII. RIGHT OF RECOVERY

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If the amount of the payments made by [insurer] is more than it should have paid under this COB provision, it may recover the excess from one or more of:

- A. The persons it has paid or for whom it has paid;
- B. Insurance companies; or
- C. Other organizations.

The "amount of the payments made" includes the reasonable cash value of any benefits provided in the form of services.

(Source: Amended at 15 Ill. Reg. 15061 effective October 7, 1991.)

NOTICE OF ADOPTED AMENDMENT(S)

1) Heading of Part: Illinois Safety Responsibility Law

2) Code Citation: 92 Ill. Adm. Code 1070

<u>Section Numbers</u>	<u>Adopted Action</u>
1070.100	New Section

4) Statutory Authority: Sections 2-104(b) of the Illinois Vehicle Title and Registration Law of the Illinois Vehicle Code (Ill. Rev. Stat. 1989, ch. 95 1/2, pars. 2-104(b)) and Sections 6-100 et seq. of the Illinois Driver Licensing Law of the Illinois Vehicle Code (Ill. Rev. Stat. 1989, ch. 95 1/2, pars. 6-100 et seq.)

5) Effective Date of Amendments: October 8, 1991

6) Does this rulemaking contain an automatic repeal date? Yes X No.

7) Does this amendment contain incorporations by reference? No.

8) Date Filed in Agency's Principal Office: October 8, 1991

9) Notice of Proposal Published in Illinois Register: 15 Ill. Reg. 8797 (June 21, 1991).

10) Has JCAR Issued a Statement of Objections to this Rule? No.

11) Differences between proposal and final version.

There were no suggested changes by the Administrative Code Division, Office of the Secretary of State.

Pursuant to agreement with the Joint Committee on Administrative Rules, the following changes were made:

1. To add "federal" before "Bankruptcy Code" in the definition of "Bankruptcy Debtor" in Section 1070.100(a) and capitalize the initial letters in "bankruptcy court" and "clerk" in the definition of "Petition in Bankruptcy".
2. To add a comma after "but not limited to" in Section 1070.100(b).
3. To add the following text after Section 1070.100(b)(7): "Any evidence documenting an event prior in time to actual discharge shall be used by the Department to confirm a discharge in bankruptcy has occurred."
- 12) Have all the changes agreed upon by the Agency and JCAR been made as indicated in the Agreement Letter issued by JCAR? Yes.

NOTICE OF ADOPTED AMENDMENT(S)

13) Will this rule replace any Emergency Rule(s) currently in effect? No.

14) Are there any other amendments pending on this Part? No.

15) Summary and Purpose of Rule: This proposed rulemaking establishes the notice required to delete or terminate an unsatisfied judgment or accident suspension from the driving record of a bankrupt debtor.

16) Information and answers to questions regarding this Adopted Rule should be directed to:

Nancy G. Easum
Deputy General Counsel
2701 S. Dirksen Parkway
Springfield, IL 62723
Tel: 217/782-6250

The full text of the Adopted Rule begins on the next page.

NOTICE OF ADOPTED AMENDMENT(S)

TITLE 92: TRANSPORTATION
CHAPTER II: SECRETARY OF STATEPART 1070
ILLINOIS SAFETY RESPONSIBILITY LAW

Section	
1070.10	Forms of Security
1070.20	Future Proof
1070.30	Installment Agreements
1070.40	Disposition of Security
1070.50	Failure to Satisfy Judgment
1070.60	Release From Liability
1070.70	Incomplete Unsatisfied Judgment
1070.80	Driver's License Restriction for Exclusive Operation of Commercial Vehicles
1070.90	Dormant and Dead Judgments
1070.100	Bankruptcy

AUTHORITY: Implementing and authorized by the Illinois Safety Responsibility Law (Ill. Rev. Stat. 1989, ch. 95 1/2, par. 7-100 et seq.).

SOURCE: Filed and effective December 17, 1971; codified at 6 Ill. Reg. 12674; repealed at 7 Ill. Reg. 13678, effective October 14, 1983; new part adopted at 11 Ill. Reg. 20215, effective November 30, 1987; amended at 14 Ill. Reg. 6859, effective April 24, 1990; amended at 14 Ill. Reg. 10107, effective June 12, 1990; amended at 15 Ill. Reg. 15083, effective October 8, 1991.

Section 1070.100 Bankruptcy

a) For purposes of this Section, the following definitions shall apply:

"Bankruptcy Debtor" - a debtor under any chapter of the Federal Bankruptcy Code.

"Chapter 13 Plan" - an order by a United States Bankruptcy Court requiring a monthly payment from the wages of a debtor.

"Creditor" - a person to whom a debt is owed by another.

"Debtor" - one who owes a debt.

"Deletion of Suspension" - the permanent removal of the suspension from the driving record.

"Department" - Department of Driver Services of the Office of the Secretary of State.

"Discharge in Bankruptcy" - an order by a United States Bankruptcy Court relieving an individual from all of his/her debts which are provable in bankruptcy, except those excluded by the Bankruptcy Code.

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"Notice of Automatic Stay" - any notice received by the Department that indicates a debtor has filed a Petition in Bankruptcy, which automatically stays any proceedings against him pursuant to Section 362 of the Bankruptcy Reform Act of 1978 (11 U.S.C. Section 362).

"Notice of Meeting of Creditors" - a notice from the United States Bankruptcy Court informing the entities which have a claim against the debtor that the debtor has filed bankruptcy.

"Petition in Bankruptcy" - a petition filed in Bankruptcy Court, or with the Clerk, by a debtor seeking the protection of the Bankruptcy Code.

"Schedule A-3" - Schedule of Liabilities.

"Termination of Suspension" - a suspension which has ended.

"Trustee Report of No Assets" - a report from the trustee of the United States Bankruptcy Court indicating the debtor has no assets.

b) If a debtor's driving privileges have been or will be suspended because of an unsatisfied judgment or accident pursuant to Section 7-201 et seq. of the Illinois Safety Responsibility Law of the Illinois Vehicle Code (Ill. Rev. Stat. 1989, ch. 95 1/2, par. 7-201 et seq.), proper notice to the Department shall result in termination or deletion of the suspension from the driving record. Proper notice shall consist of, but not be limited to, one of the following:

- 1) Petition in Bankruptcy
- 2) Notice of Meeting of Creditors
- 3) Schedule A-3 or Schedule of Creditors
- 4) Trustee Report of No Assets
- 5) Discharge in Bankruptcy
- 6) Notice of Automatic Stay
- 7) Chapter 13 Wage Earner Plan

c) Any evidence documenting an event prior in time to actual discharge shall be used by the Department to confirm a discharge in bankruptcy has occurred.

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d) The suspension shall be terminated and the file closed as of the date the Department receives proper notice. If proper notice is received prior to the suspension date, the pending suspension will be deleted from the driving record.

e) The debtor shall notify the Department if the Petition in Bankruptcy has been dismissed or the debt has been discharged in bankruptcy. In the event the debt is not discharged, the suspension will be reinstated upon receipt of proper notice from the United States Bankruptcy Court.

(Source: Added at 15 Ill. Reg. 15083, effective October 8, 1991)

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- 1) The Heading of the Part: Licensing Standards for Day Care Homes
- 2) Code Citation: 89 Ill. Adm. Code 406
- 3) Section Numbers:

406.2	Amend
406.8	Amend
406.9	Amend
406.10	Amend
406.13	Amend
- 4) Statutory Authority: The Child Care Act of 1969 (Ill. Rev. Stat. 1989, ch. 23, pars. 2211 et seq.) as amended by Public Act 87-0674, effective September 23, 1991.
- 5) Effective Date of Amendments: October 8, 1991
- 6) If these emergency amendments are to expire before the end of the 150-day period, please specify the date on which it is to expire: Not applicable.
- 7) Date Filed in Agency's Principal Office: October 7, 1991
- 8) Reason for Emergency: These emergency amendments implement Public Act 87-0674 which allows 12 children under the age of 12 in a day care home. Speedy implementation of Public Act 87-0674 will expand greatly the number of day care slots available in the State of Illinois and will improve the health, safety, and welfare of children in need of after school day care services.
- 9) A Complete Description of the Subjects and Issues Involved: These emergency amendments allow a day care home to accept four additional children for care before and/or after school with the help of an assistant. These amendments explain the application process for an expansion of license capacity, set forth the requirements for assistants, and establish minimum requirements pertaining to safety, hygiene, and space requirements.
- 10) Are there any proposed amendments to this Part pending? No.
- 11) Statement of Statewide Policy Objectives: This rulemaking does not create or expand a state mandate as defined in Section 3(b) of the State Mandates Act (Ill. Rev. Stat. 1989, ch. 85, par. 2203).

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- 12) Information and questions regarding these emergency amendments shall be directed to:

Name: Jacqueline Nottingham, Chief

Address: Office of Rules and Procedures
Department of Children and Family Services
406 East Monroe
Springfield, Illinois 62701-1498

Telephone: 217/524-2429

The full text of the emergency amendments begins on the next page:

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NOTICE OF EMERGENCY AMENDMENTS

TITLE 89: SOCIAL SERVICES
CHAPTER III: DEPARTMENT OF CHILDREN AND FAMILY SERVICES
SUBCHAPTER a: REQUIREMENTS FOR LICENSURE

PART 406

LICENSING STANDARDS FOR DAY CARE HOMES

Section 406.1	Purpose
Section 406.2	Definitions
EMERGENCY	
Section 406.3	Effective Date of Standards
Section 406.4	Application for License
Section 406.5	Application for Renewal of License
Section 406.6	Provisions Pertaining to the License
Section 406.7	Provisions Pertaining to Permits
Section 406.8	General Requirements for Day Care Homes
EMERGENCY	
Section 406.9	Characteristics and Qualifications of the Day
EMERGENCY	Care Family
Section 406.10	Qualifications for Assistants
EMERGENCY	
Section 406.11	Substitutes
Section 406.12	Admission and Discharge Procedures
Section 406.13	Number and Ages of Children Served
EMERGENCY	
Section 406.14	Health and Medical Care
Section 406.15	Discipline of Children
Section 406.16	Activity Requirements
Section 406.17	Nutrition and Meals
Section 406.18	Transportation of Children By Day Care Home
Section 406.19	Swimming
Section 406.20	Children with Special Needs
Section 406.21	School Age Children
Section 406.22	Infants and Toddlers
Section 406.23	Night Care
Section 406.24	Records and Reports
Section 406.25	Confidentiality of Records and Information
Section 406.26	Cooperation with the Department
Section 406.27	Severability of This Part
Appendix A	Meal Pattern Chart for Children 0 to 12 Months of Age
Appendix B	Meal Pattern Chart for Children Over One Year of Age

AUTHORITY: Implementing and authorized by The Child Care Act of 1969 (Ill. Rev. Stat. 1989, ch. 23, pars. 2211 et seq) as amended by P.A. 87-0674, effective September 23, 1991

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SOURCE: Adopted and codified at 7 Ill. Reg. 7855, effective July 1, 1983; amended at 8 Ill. Reg. 24951, effective January 1, 1985; amended at 9 Ill. Reg. 2454, effective March 1, 1985; emergency amendments at 15 Ill. Reg. 15088, effective October 8, 1991 for a maximum of 150 days.

Section 406.2 Definitions
EMERGENCY

"Attendance" means the total number of children under the age of 12 present at any one time.

"Authorized representative of the Department" means the licensing representative or any person acting on behalf of the Director of the Department.

"Caregiver" means the individual directly responsible for child care.

Child means any person under 18 years of age

"Child care facility" means any person, group of persons, agency, association, or organization, which arranges for care or cares for children unrelated to the operator of the facility, apart from the parents in any facility as defined in the Act. Child care facilities may be established for profit or not-for-profit. "Child care facility" is further defined in paragraph 2.05 in The Child Care Act of 1969.

"Children with special needs" means children exhibit one or more of the following characteristics which is confirmed by clinical evaluation:

Visual impairment: the child's visual impairment is such that development to full potential without special services cannot be achieved.

Hearing impairment: the child's residual hearing is not sufficient to enable understanding the spoken word and to develop language, thus causing extreme deprivation in learning and communication, or a hearing loss is exhibited which prevents full awareness of environmental sounds and spoken language, limiting normal language acquisition and learning.

Physical or health impairment: the child exhibits a physical or health impairment which requires adaptation of the physical plant.

Speech and/or language impairment: the child exhibits deviations of speech and/or language processes which are outside the range of acceptable variation within a given environment and which prevent full social development.

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Learning disability: the child exhibits one or more deficits in the essential processes of perception, conceptualization, language, memory, attention, impulse control or motor function.

Behavioral disability: the child exhibits an effective disability and/or maladaptive behavior which significantly interferes with learning and/or social functioning.

Mental impairment: the child's intellectual development, mental capacity, and/or adaptive behavior are markedly delayed. Such mental impairment may be mild, moderate, severe or profound.

"Consultants" means those individuals providing technical assistance or advice regarding any aspect of the operation of the day care home.

Day care homes means family homes which receive more than 3 up to a maximum of 8 children for less than 24 hours per day. The maximum of 8 children includes the family's natural or adopted children and all other persons under the age of 12. The term does not include facilities which receive only children from a single household.

Department means the Illinois Department of Children and Family Services.

"Discipline" means the process of helping children to develop inner controls so that they can manage their own behavior in socially acceptable ways.

"Guardian" means the guardian of the person of a minor.

"Infant," as used in this Part, means a child between 6 weeks and 15 months of age.

"License" means a document issued by the Department of Children and Family Services which authorizes child care facilities to operate in accordance with applicable standards and the provisions of the Child Care Act of 1969.

"License study," as used in this Part, means the review of an application for license, on-site visit(s), interviews, and the collection and review of supporting documents to determine compliance with The Child Care Act of 1969 and the standards prescribed by this Part.

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"Licensed capacity" means the maximum number of day care children under age 4 1/2 permitted in the home at any one time. Children age 12 and over on the premises are not considered in determining license capacity.

"Licensing representative" for the purposes of this Part, means those Department staff or other persons authorized under Section 5 of The Child Care Act of 1969 to examine facilities for licensure.

"Parents," as used in this Part, means those person(s) assuming legal responsibility for care and protection of the child on a 24-hour basis; includes guardian or legal custodian.

"Permit," as used in this Part, means a one-time only document issued by the Department of Children and Family Services for a two-month period to allow the individual(s) to become eligible for a license.

"person" means any individual, group of persons, agency, association, or organization.

"Physician" means a person licensed to practice medicine in the State of Illinois.

"Premises" means the location of the day care home and attached yard, garage, and any other outbuildings.

"Program" means all activities provided for the children during their hours of attendance in the home.

"Related" means any of the following relationships by blood, marriage, or adoption: parent, grandparent, great-grandparent, great-uncle, great-aunt, brother, sister, stepparent, stepbrother, stepsister, uncle, aunt, nephew, niece, or first cousin.

"School age" means children from 6 to 4 1/2 years of age.

"Special use areas" means areas of the home not used for child care on a daily basis. Special use areas include, but are not limited to, hazardous areas, any areas off-limits to children, bedrooms used only for napping, and bathrooms.

"Supervising agency," as used in this Part, means a licensed child welfare agency, a licensed day care agency, or the Department of Children and Family Services.

"Toddler" means a child from 15 months to 2 years of age. The term may include children up to 30 months of age depending upon physical or social development.

(Source: Emergency amendments at 15 Ill. Reg. 15088, effective October 8, 1991 for a maximum of 150 days)

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Section 406.8 General Requirements for Day Care Homes
EMERGENCY

a) The physical facilities of the home, both indoors and outdoors, shall meet the following requirements for safety to children.

- 1) The home shall have a first aid kit consisting of band-aids, sterile gauze pads, adhesive tape, tweezers and mild soap.
- 2) The kitchen shall be equipped with a fire extinguisher.
- 3) Electrical outlets that are within reach of children shall have protective coverings. There shall be no exposed or uninsulated wiring.
- 4) The home shall be equipped with a minimum of one smoke detector on every floor level, including an attic and basement. A smoke detector in operating condition shall be within fifteen (15) feet of rooms where child(ren) nap or sleep. The detector shall be installed on the ceiling and at least 6 inches from any wall, or on a wall located between 4 and 6 inches from the ceiling. Further, in any facility constructed after December 31, 1987, or which undergoes substantial remodeling of its structure or wiring system after that date, the smoke detector(s) shall be permanently wired into the structure's AC power line, and, if more than one detector is required to be installed, the detectors shall be wired so that the activation of one detector will activate all the detectors in the facility. (Section 2 of "AN ACT to require the installation and maintenance of smoke detectors in certain facilities") (Ill. Rev. Stat. 1989, ch. 127 1/2, par. 822). For purposes of this rule, "substantial remodeling" includes but is not limited to any addition which represents more than ten percent of the square footage of the day care home, replacement of interior walls or ceiling(s), or rewiring of the day care home.
- 5) Space heaters, fireplaces, radiators, and other heating sources in areas occupied by children shall be separated by partitions or a sturdy barrier to prevent contact.
- 6) Facilities in which a wood-burning stove or fireplace has been installed shall furnish a written statement from a building inspector, heating and ventilating contractor, local fire

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inspector or the Office of the State Fire Marshal, certifying its safety upon installation. In addition, the supervising agency shall require such a certification of safety for any heating installation, appliance or device it has reason to believe to be unsafe.

- 7) Where the basement area may be utilized for child care, at least one exit shall be provided directly to the outside at grade level. An operable window may be considered one means of exit, if large enough and accessible enough to accommodate an adult.
- 8) All walls and surfaces shall be free from chipped or peeling paint.
- 9) Walls of rooms that children use shall be maintained free of lead paint.
- 10) Furniture and equipment shall be kept in safe repair.
- 11) First-aid supplies, medication, cleaning materials, poisons, and other hazardous materials shall be stored in places inaccessible to children.
- 12) Tools and gardening equipment shall be stored in locked cabinets, if possible, or in places inaccessible to all children.
- 13) Ammunition-and-firearms-located-anywhere-on-the-premises-shall be-locked-at-all-times-in-a-closet,-cabinet,-or-other-locked storage-facility-when-ever-children-are-present:
Handguns are prohibited on the premises of the day care home except in the possession of peace officers or other adults who must possess a handgun as a condition of employment and who reside in the day care home.
- 14) Any firearm, other than a handgun in the possession of a peace officer or other person as provided above, shall be kept in a disassembled state, without ammunition, in locked storage in a closet, cabinet, or other locked storage facility inaccessible to children. Ammunition for such firearm(s) shall be kept in locked storage separate from that of the disassembled firearm(s), inaccessible to children.
- 15) The operator of the home shall notify the parent(s) or guardian of any child accepted for care that

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firearm(s) and ammunition are stored on the premises. The operator shall also notify the parent(s) or guardian that such firearms and ammunition are locked in storage inaccessible to children.

Such notification need not disclose the location where the firearms and ammunition are stored. (Section 7 of the Act).

- 16) 14) There shall be plans for immediate evacuation in case of emergency. Monthly fire drills shall be conducted for the purpose of removing children from the home as quickly as possible. Records shall be maintained of the dates and times fire drills are conducted.
- 17) 15) Exit doors shall be kept clear of equipment and debris at all times.
- 18) 16) There shall be an operable telephone available on the premises of the licensee.
- 19) 17) All in-ground or above-ground swimming pools located in areas accessible to children shall be fenced. The fence shall be at least 3½ feet in height and secured by a locked gate.
- 20) 18) Portable wading pools shall be emptied daily and cleaned with a germicidal solution before being air-dried.
- b) The kitchen shall be clean, equipped for the preservation, storage, preparation and serving of food, and shall be reasonably safe from hazards.
- c) Garbage and refuse containers used to discard diapering supplies, food products or disposable meal service supplies in areas for child care shall be cleaned daily with a germicidal solution unless plastic liners are used and disposed of daily.
- d) A safe and sanitary water supply shall be maintained. If a private water supply is used instead of an approved public water supply, the applicant shall supply written records of current test results indicating the water supply is safe for drinking. New test results must be provided prior to relicensing. If nitrate content exceeds 10 parts per million, bottled water must be used for infants.

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- e) Hot and cold running water shall be provided.
- f) Insect and rodent control shall be maintained.
- 1) All outside doors except those with operable self-closing devices, operable windows, and other openings used for ventilation shall be screened.
- 2) Chemicals for insect and rodent control shall not be applied in areas accessible to children when children are present.
- g) Healthy household pets which present no danger to children are permitted.
- 1) A licensed veterinarian shall certify that the animals are free of diseases that could endanger the children's health and that dogs and cats have been inoculated for rabies.
- 2) If certification is not available, animals shall be confined at all times in an area inaccessible to children.
- 3) There shall be careful supervision of children who are permitted to handle and care for the animals.
- 4) Immediate treatment shall be available to any child who is bitten or scratched by an animal.
- h) Indoor space shall consist of a clean, comfortable environment for children.
- 1) The day care home shall be well-ventilated, free from observable hazards, properly lighted and heated, and free of fire hazards.
- 2) The dwelling shall be kept clean, sanitary, and in good repair.
- 3) There shall be provision for isolating a child who becomes ill or who is suspected of having a contagious disease.
- 4) When used for child care, basement floors shall have protective covering such as, but not limited to, tile, carpet, linoleum.
- i) When the license capacity of the home exceeds eight children, there shall be a minimum of 35 square feet of indoor floor space per child excluding special use areas. Floor space shall be unencumbered except by equipment used for child related activities. There shall be an additional 20 square feet of space for each child under 30 months of age who sleeps and plays in the same indoor area.

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- j) i) There shall be safe outdoor space for active play.
- 1) Space shall be provided for play in yards, nearby parks or playgrounds.
- 2) Space shall be protected by physical means or by adult caregiver supervision against all hazards such as pools, traffic, and construction.
- 3) Play areas shall be well drained and safely maintained.
- 4) If public parks or playgrounds are used for play, the children shall be closely supervised by the caregiver during play and while traveling to and from the area.
- 5) Supervision shall be provided during outdoor play by caregivers who meet the requirements of Section 406.9 below.
- k) j) Operation of other business on the premises must not interfere with the care of children.
- l) k) A day care home may not house bedridden or chronically ill persons except by permission of the supervising agency. The supervising agency shall grant such permission unless the person has a contagious or communicable disease or requires care which adversely affects the ability of the caregiver to supervise children.

(Source: Emergency amendments at 15 Ill. Reg. 15088, effective October 8, 1991 for a maximum of 150 days)

Section 406.9 Characteristics and Qualifications of the Day Care Family
EMERGENCY

- a) No individual shall be in contact with children cared for in a day care home who, within the preceding 10 years:
- i) has been identified through circuit court (juvenile, criminal, civil) proceedings as having been a perpetrator of child abuse, child neglect, or child sexual abuse or through the Department's investigatory process in accordance with the Abused and Neglected Child Reporting Act (Ill. Rev. Stat., 1983, ch. 23, para. 2051-ct-seq.) as having been a perpetrator of an indicated incident of child abuse, child neglect, or child sexual abuse; or
- 2) is awaiting an investigative decision or trial on such charges:

No individual may receive a license from the Department or be employed in a day care home licensed by the Department when the applicant or an adult member of the household has been determined

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to be a perpetrator of child abuse or neglect under Section 3 of the Abused and Neglected Child Reporting Act (Ill. Rev. Stat. 1989, pars. 2053 and who has been identified through circuit court (juvenile, criminal, civil) proceeding as having been a perpetrator of child abuse or neglect based on any one of the following:

- 1) Death
- 2) Brain damage or skull fracture
- 3) Subdural hematoma
- 4) Internal injuries
- 5) Wounds (Gunshot, knife, or puncture)
- 6) Torture
- 7) Sexually transmitted diseases
- 8) Sexual penetration
- 9) Sexual molestation
- 10) Sexual exploitation
- 11) Failure to thrive
- 12) Malnutrition
- 13) Medical neglect of disabled infant

- b) For the purposes of Section 406.9(a) (4) identification through circuit court proceedings includes:

- 1) specific findings by a court that a child's abuse, neglect or dependency is the result of physical abuse inflicted by a parent, guardian or legal custodian; or other person responsible for the child's welfare (as defined by the Abused and Neglected Child Reporting Act, Ill. Rev. Stat. 1989, ch. 23, par. 2054).

- 2) criminal convictions and civil judgments regardless of the type of sentence imposed or amount of damages recovered for offenses relating to child abuse, child neglect or child sexual abuse resulting from jury trials, bench (court) trials or voluntary guilty pleas.

- c) Prior to denying an individual a license or employment pursuant to subsection (a) the Department shall notify the individual that he or she has been identified as a perpetrator of child abuse or neglect as described in subsection (a) above, and the Department shall provide the individual an opportunity to demonstrate that he or she is other than the individual identified in the court finding, criminal conviction or civil judgment.

- d) An individual requesting an opportunity for review pursuant to subsection (c) above shall submit such request, in writing, to the Department or the child care facility, as applicable, within ten (10) days of receipt of written notice of the Department's intent to deny a license or the Department's or child care facility's intent to deny employment. The individual shall be notified, in

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writing, of the date, time and location of the review. The individual may be represented by counsel of his or her choice, and may present evidence and/or witness(es) on his or her behalf. The individual shall be required to produce evidence that he or she is not the individual identified in the court finding, criminal conviction or civil judgment the Department has relied upon in making the identification. Evidence to be considered shall be limited to:

- 1) Fingerprints processed through the U.S. Justice Department and the Illinois Department of State Police indicating an absence or a conviction arising from child abuse or neglect identified in subsection (a) above; or
- 2) Sworn statements from the law enforcement agency or clerk of the court upon whom the Department has relied for the identification, that the subject of the report provided to the Department is not the individual seeking licensure or employment.

- e) Except as provided in subsection (a) above, a person determined to be the perpetrator of an indicated incident of abuse or neglect under Section 3 of the Abused and Neglected Child Reporting Act shall not automatically be denied a license from the Department or be denied employment in a day care home licensed by the Department. Rather, the Department shall provide the individual an opportunity to present evidence which demonstrates fitness for licensure or employment. Such evidence shall include, but not be limited to:

- 1) the nature of the abuse or neglect with which the individual was identified, including whether the abuse or neglect resulted in serious injury or death to a child or children;
- 2) the circumstances surrounding the commission of the abuse or neglect, including the age of the perpetrator and the child(ren), that would demonstrate an unlikelihood of repetition;
- 3) the period of time that has elapsed since the abuse or neglect occurred and whether prior incidents of child abuse or child neglect have been indicated against the individual;
- 4) whether the abuse or neglect involved a single or multiple child victims;
- 5) the relationship of the incident of child abuse or neglect to the individual's current or prospective responsibilities within the group day care home;
- 6) evidence of rehabilitation such as employment, education, participation in therapy since the indicated incident(s) of abuse or neglect; and

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7) character references.

f) e) Except as stated in Section 406.9(a) and Section 4.2 of the Child Care Act of 1969 (Ill. Rev. Stat. 1989, ch. 23, par. 2214.2) an individual convicted of a crime will not automatically be prohibited from contact with children cared for in a day care home solely because of the conviction. Instead, the supervising agency shall consider the following:

- 1) The type of crime for which the individual was convicted;
- 2) The number of crimes for which the individual was convicted;
- 3) The nature of the offense(s);
- 4) The age of the individual at the time of conviction;
- 5) The length of time that has elapsed since the last conviction;
- 6) The relationship of the crime and the capacity to care for children;
- 7) Evidence of rehabilitation; and

8) Opinions of community members concerning the individual in question.

g) d) Members of the household who have contact with the children in care shall treat them with respect, courtesy, and patience.

h) e) The caregiver is responsible for the day-to-day operation of the day care home in accordance with the standards prescribed in this Part.

i) f) The caregiver(s) in a day care home shall be at least 18 years of age.

j) g) The caregivers and all members of the household shall provide medical evidence as required by Section 406.24 h) that they are free of communicable disease, and, in the case of caregivers, free of physical or mental conditions which could interfere with the child care responsibilities.

k) h) Through interaction with the licensing representative, children, parent(s) or guardian of children in care and operation of the day care home in accordance with standards prescribed by this Part, caregivers shall exhibit competence in the following specific areas:

- 1) Knowledge of basic hygiene, safety, and nutrition.

2) The ability to relate comfortably with parents and to communicate with them on differences in caregiving methods, values, and goals.

3) The ability to communicate with children.

4) The ability to set realistic controls for children and to enforce these without harshness or physical abuse.

5) Knowledge of the child's need to explore and manipulate and the willingness to provide and maintain a home where children can enjoy living and learning.

l) i) The caregiver(s) may not be employed outside the home during the hours that child care is being provided.

(Source: Emergency amendments at 15 Ill. Reg. 15088, effective October 8, 1991 for a maximum of 150 days)

Section 406.10 Qualifications for Assistants
EMERGENCY

a) Assistants shall have passed the background check in Section 406.9(a).

b) a) The person assisting the caregiver Part-time assistants for after school care shall be at least 14 years of age and at least five years older than the oldest child supervised.

c) Full-time assistants shall be at least 18 years of age.

d) b) Assistants under age 18 shall work under the direct personal supervision of the caregiver at all times. Direct personal supervision means the caregiver maintains audible or visual contact with the assistant and children on the premises at all times.

e) An assistant eighteen years of age or older may accompany children playing outdoors and may transport children, if the assistant possesses a valid driver's license and required insurance.

f) c) The assistant shall be compatible with the caregiver, capable of following directions, and responsive to supervision.

g) d) The child care assistant shall be able to relate well with children.

(Source: Emergency amendments at 15 Ill. Reg. 15088, effective October 8, 1991 for a maximum of 150 days.)

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Section 406.13 Number and Ages of Children Served
EMERGENCY

- a) The maximum of children permitted in a full-time day care home shall be 8 children under the age of 14; 12, including own children, related children and unrelated children.
- b) A caregiver alone may care for up to 4 children under 5 years of age, and 4 over children 5 years of age and over. No more than 3 children shall be under 2 years of age.
- c) An full time assistant is required for more than 4 children under 5 years of age. With one full-time assistant utilized, no more than 4 children shall be under 2 years of age.
- d) The following exception to subsection 406.13 (c) is permitted: 6 children, 3 through 5 years of age may be cared for with no assistant required. No more than 3 of the 6 shall be under 4 years of age. in this situation; the additional 2 children to reach maximum capacity shall be 9-years-of age or older.
- e) In addition to the 8 children who may receive day care in accordance with the above requirements, a day care home may accept four additional children who are attending school full-time if a part-time, after school assistant is employed. Care for children who attend school full-time is limited to before and after school, holidays, weekends, and summers. The part-time assistant shall be present at all times when school children are present.
- f) Caregivers licensed as of the effective date of these amendments who are in full compliance with the standards of the Part may request in writing an increase in license capacity to the maximum of 12 children. A decision regarding the increase in capacity shall be rendered within 90 days of receipt of the request. Decisions shall be made in accordance with the amended standards of this Part.

(Source: Emergency amendments at 15 Ill. Reg. 15088, effective October 8, 1991 for a maximum of 150 days)

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- 1) The Heading of the Part: Licensing Standards for Group Day Care Homes
- 2) Code Citation: 89 Ill. Adm. Code 408
- 3) Section Numbers:

408.5	<u>Emergency Action:</u>
408.30	Amend
408.65	Amend
- 4) Statutory Authority: The Child Care Act of 1969 (Ill. Rev. Stat. 1989, ch. 23, pars. 2211 et seq.) as amended by Public Act 87-0675, effective September 23, 1991.
- 5) Effective Date of Amendments: October 8, 1991
- 6) If these emergency amendments are to expire before the end of the 150-day period, please specify the date on which it is to expire: Not applicable.
- 7) Date Filed in Agency's Principal Office: October 7, 1991
- 8) Reason for Emergency: These emergency amendments implement Public Act 87-0675 which allows 16 children under the age of 12 in a day care home. Speedy implementation of Public Act 87-0675 will expand the number of day care slots available in the State of Illinois and will improve the health, safety, and welfare of children in need of after school day care services.
- 9) A Complete Description of the Subjects and Issues Involved: These emergency amendments allow a group day care home to accept four additional children for care before and/or after school with the help of an assistant. These amendments explain the application process for an expansion of license capacity.
- 10) Are there any proposed amendments to this Part pending? No.
- 11) Statement of Statewide Policy Objectives: This rulemaking does not create or expand a state mandate as defined in Section 3(b) of the State Mandates Act (Ill. Rev. Stat. 1989, ch. 85, par. 2203).

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- 12) Information and questions regarding these emergency amendments shall be directed to:

Name: Jacqueline Nottingham, Chief
Address: Office of Rules and Procedures
Department of Children and Family Services
406 East Monroe
Springfield, Illinois 62701-1498
Telephone: 217/524-2429

The full text of the emergency amendments begins on the next page:

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TITLE 89: SOCIAL SERVICES
CHAPTER III: DEPARTMENT OF CHILDREN AND FAMILY SERVICES
SUBCHAPTER e: REQUIREMENT FOR LICENSURE

PART 408

LICENSING STANDARDS FOR GROUP DAY CARE HOMES

Section 408.1	Purpose
Section 408.5	Definitions
EMERGENCY	
Section 408.10	Application for License
Section 408.15	Application for Renewal of License
Section 408.20	Provisions Pertaining to the License
Section 408.25	Provisions Pertaining to Permits
Section 408.30	General Requirements for Group Day Care Homes
EMERGENCY	
Section 408.35	General Requirements for Group Day Care Home Family
Section 408.40	Background Checks
Section 408.45	Caregiver(s)
Section 408.50	Child Care Assistant(s)
Section 408.55	Substitute(s)
Section 408.60	Admission and Discharge Procedures
Section 408.65	Number and Ages of Children Served
EMERGENCY	
Section 408.70	Health and Medical Care
Section 408.75	Discipline of Children
Section 408.80	Nutrition and Meals
Section 408.85	Program
Section 408.90	Transportation of Children
Section 408.95	Swimming
Section 408.100	Children with Special Needs
Section 408.105	Infants and Toddlers
Section 408.110	School Age Children
Section 408.115	Night Care
Section 408.120	Records and Reports
Section 408.125	Confidentiality of Records and Information
Section 408.130	Cooperation with the Department
Section 408.135	Severability of This Part
Appendix A	Meal Pattern Chart for 0 to 12 Months of Age
Appendix B	Meal Pattern Chart for Children Over One Year of Age
Appendix C	Minimum Equipment and Supplies - Preschool Programs
Appendix D	Minimum Equipment and Supplies - Infant and Toddler Programs

AUTHORITY: Implementing and authorized by The Child Care Act of 1969 (Ill. Rev. Stat. 1989, ch. 23, pars. 2211 et seq.) as amended by P.A. 87-0675, effective September 23, 1991, Section 3 of the Abused and Neglected Child Reporting Act (Ill. Rev. Stat. 1989, ch. 23, par. 2053), and Sections 821 and 822 of "AN ACT

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to require the installation and maintenance of smoke detectors in certain facilities" (Ill. Rev. Stat. 1989, ch. 127½, pars. 821 and 822).

SOURCE: Adopted at 13 Ill. Reg. 14828, effective October 1, 1989; emergency amendments at 15 Ill. Reg. 15104, effective October 8, 1991 for a maximum of 150 days.

Section 408.5 Definitions
EMERGENCY

"Accredited" means accredited by the North Central Association of Schools and Colleges, its regional counterparts, or the National Accreditation Council.

"Approved smoke detector" or "detector" means a smoke detector of the ionization or photoelectric type which complies with all the requirements of the rules and regulations of the Office of the State Fire Marshal.

"Attendance" means the total number of children under the age of 12 present at any one time.

"Authorized representative of the Department" means the licensing representative or any person acting on behalf of the Director of the Department.

"Caregiver" means the individual directly responsible for child care.

~~"Child"~~ means any person under 18 years of age.

"Child care facility" means any person, group of persons, agency, association, or organization, which arranges for care or cares for children unrelated to the operator of the facility, apart from the parents in any facility as defined in the Child Care Act of 1969.

Child care facilities may be established for profit or not-for-profit. "Child care facility" is further defined in Section 2.05 in The Child Care Act of 1969.

"Children with special needs" means child(ren) exhibit one or more of the following characteristics which is confirmed by clinical evaluation:

"Visual impairment": the child's visual impairment is such that development to his or her potential without special services cannot be achieved.

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"Hearing impairment": the child's residual hearing is not sufficient to enable him or her to understand the spoken word and to develop language, thus causing extreme deprivation in learning and communication, or a hearing loss is exhibited which prevents full awareness of environmental sounds and spoken language, limiting normal language acquisition and learning.

"Physical or health impairment": the child exhibits a physical or health impairment which requires adaptation of the physical plant.

"Speech and/or language impairment": the child exhibits deviations of speech and/or language processes which are outside the range of acceptable variation within a given environment and which prevent full social development.

"Learning disability": the child exhibits one or more deficits in the essential processes of perception, conceptualization, language, memory, attention, impulse control or motor function.

"Behavioral disability": the child exhibits an effective disability and/or maladaptive behavior which significantly interferes with learning and/or social functioning.

"Mental impairment": the child's intellectual development, mental capacity, and/or adaptive behavior are markedly delayed. Such mental impairment may be mild, moderate, severe or profound.

"Department" means the Illinois Department of Children and Family Services.

"Discipline" means the process of helping child(ren) to develop inner controls so that they can manage their own behavior in socially acceptable ways.

"Group day care home" means a family home which receives more than 3 up to 16 children for less than 24 hours per day. The number counted includes the family's natural or adopted children and all other persons under the age of 12.

"Guardian" means the guardian of the person of a minor.

"Infant," as used in this Part, means a child between 6 weeks and 15 months of age.

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"License" means a document issued by the Department of Children and Family Services which authorizes child care facilities to operate in accordance with applicable standards and the provisions of the Child Care Act of 1969.

"License study," as used in this Part, means the review of an application for license, on-site visit(s), interviews, and the collection and review of supporting documents to determine compliance with The Child Care Act of 1969 and the standards prescribed by this Part.

"Licensed capacity" means the maximum number of day care children under age 12 permitted in the group day care home at any one time. Children age 12 and over on the premises are not considered in determining license capacity.

"Licensing representative" for the purposes of this Part, means those Department staff or other persons authorized under Section 5 of The Child Care Act of 1969 to examine facilities for licensure.

"Parent(s)," as used in this Part, means those person(s) assuming legal responsibility for care and protection of the child on a 24-hour basis; includes guardian or legal custodian.

"Permit," as used in this Part, means a one-time only document issued by the Department of Children and Family Services for a six-month period to allow the individual(s) to become eligible for a license.

"Physician" means a person licensed to practice medicine in the State of Illinois.

"Premises" means the location of the group day care home wherein the family resides and includes the attached yard, garage, and any other outbuildings.

"Program" means all activities provided for the child(ren) during their hours of attendance in the home.

"Related" means any of the following relationships by blood, marriage, or adoption: parent, grandparent, great-grandparent, great-uncle, great-aunt, brother, sister, stepparent, stepbrother, stepsister, uncle, aunt, nephew, niece, or first cousin.

"Resource personnel" means physicians, nurses, psychologists, social workers, speech therapists, physical and occupational therapists, educators and other technical and professional persons whose expertise is utilized in providing specialized services to child(ren) with special needs.

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"School age" means child(ren) six (6) years of age or older.

"Special use areas" means areas of the home not used for child care on a daily basis. Special use areas include, but are not limited to, hazardous areas, any areas off-limits to children, bedrooms used only for napping, and bathrooms.

"Swimming pool," for purposes of this Part, means any natural or artificial basin of water intended for public swimming or recreational bathing which exceeds two feet six inches (2'6") in depth. The term includes bathing beaches and pools at private residences when used for children enrolled in a child care facility.

"Toddler" means a child from 15 months to 2 years of age. The term may include child(ren) up to 30 months of age depending upon physical or social development.

"Wading pool," for purposes of this Part, means any natural or artificial basin of water less than two feet six inches (2'6") in depth which is intended for recreational bathing, water play or similar activity. The term includes recessed areas less than two feet six inches in depth in swimming pools which are designated primarily for children.

(Source: Emergency amendments at 15 Ill. Reg. 15104, effective October 8, 1991 for a maximum of 150 days)

Section 408.30 General Requirements for Group Day Care Homes
EMERGENCY

- a) The physical facilities of the home, both indoors and outdoors, shall meet the following requirements for safety to child(ren).
- 1) The home shall have a first aid kit consisting of band-aids, sterile gauze pads, adhesive tape, tweezers, first aid cream and mild soap.
 - 2) The kitchen shall be equipped with an operable 1A20BC fire extinguisher.
 - 3) Electrical outlets that are within reach of child(ren) under five years of age shall have protective coverings. There shall be no exposed or uninsulated wiring.
 - 4) The home shall be equipped with a minimum of one approved smoke detector on every floor level, including an attic and basement. A smoke detector in operating condition shall be within fifteen (15) feet of rooms where child(ren) nap or sleep. The detector shall be installed on the ceiling and at

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least 6 inches from any wall, or on a wall located between 4 and 6 inches from the ceiling. Further, in any facility constructed after December 31, 1987, or which undergoes substantial remodeling of its structure or wiring system after that date, the smoke detector(s) shall be permanently wired into the structure's AC power line, and, if more than one detector is required to be installed, the detectors shall be wired so that the activation of one detector will activate all the detectors in the facility. (Section 2 of "AN ACT to require the installation and maintenance of smoke detectors in certain facilities") (Ill. Rev. Stat. 1987, ch. 127 1/2, par. 822). For purposes of this rule, "substantial remodeling" includes but is not limited to any addition which represents more than ten percent of the square footage of the group day care home, replacement of interior walls or ceiling(s), or rewiring of the group day care home.

- 5) Space heaters, fireplaces, radiators, and other heating sources in areas occupied by children shall be separated by partitions or a sturdy barrier to prevent contact.
- 6) A facility in which a wood-burning stove or fireplace has been installed shall furnish a written statement from a building inspector, heating and ventilating contractor, local fire inspector or the Office of the State Fire Marshal, certifying its safety upon installation. In addition, the Department shall require such a certification of safety for any heating installation, appliance or device it has reason to believe to be unsafe.
- 7) In one and two-family dwellings, infants and toddlers shall be housed and cared for on the second floor or below. In other residential buildings, infants and toddlers shall be housed and cared for only in areas which the Office of the State Fire Marshal or local fire inspector states, in writing, that the combination of remote exits, fire detection, fire suppression, and/or automatic sprinkler system render the residence safe for the care of infants and toddlers.
- 8) No area accessible only by a ladder or folding stairs or through a trap door shall be used for sleeping or napping.
- 9) Where the basement area may be utilized for child care, at least two exits shall be provided, at least one of which shall exit directly to the outside at grade level. An easily accessible outside window operable from the inside (without the use

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- of tools) and providing an unobstructed opening large enough to accommodate an adult may be used as a second exit. of-not less than 5-7-square-feet-in-area; may-be-used-as-a-second exit-provided-it-is-not-more-than-44-inches-above-the-floor; in-addition-the-opening-shall-be-at-least-20-inches-in-width; with-a-corresponding-height-to-give-5-7-square-feet---The opening-shall-be-at-least-24-inches-in-height-with-a-corresponding-width-to-give-5-7-square-feet.
- 10) All walls and surfaces shall be free from chipped or peeling paint.
 - 11) Walls of rooms that children use shall be maintained free of lead paint.
 - 12) Furniture and equipment shall be kept in safe repair.
 - 13) First-aid supplies, medication, cleaning materials, poisons, and other hazardous materials shall be stored in places inaccessible to children.
 - 14) Tools and gardening equipment shall be stored in locked cabinets, if possible, or in places inaccessible to all children.
 - 15) Exit doors shall be kept clear of equipment and debris at all times.
 - 16) There shall be an operable telephone available on the premises of the licensee.
 - b) There shall be a minimum of 35 square feet of indoor floor space per child excluding special use areas. Floor space shall be unencumbered except by equipment required by this Part. There shall be an additional 25 20 square feet of space for each infant or toddler who sleeps and plays in the same indoor area.
 - c) Indoor space shall consist of a clean, comfortable environment for children.
 - 1) The group day care home shall be well-ventilated, free from observable hazards, properly lighted and heated, and free of fire hazards.
 - 2) The dwelling shall be kept clean, sanitary, and in good repair.
 - 3) There shall be provision for isolating a child who becomes ill or who is suspected of having a communicable, infectious or contagious disease.

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- 4) When used for child care, basement floors shall have protective covering such as, but not limited to, tile, carpet, linoleum. Paint or sealer alone is not acceptable as a protective covering.
- 5) When infants and toddlers are in care, stairs leading to second levels, attics or basements shall be fitted with a sturdy gate or other barrier to prevent the child(ren)'s access to the stairs without adult supervision.
- d) The kitchen shall be clean, equipped for the preservation, storage, preparation and serving of food, and shall be reasonably safe from hazards.
- e) Garbage and refuse containers used to discard dispersing supplies, food products or disposable meal service supplies in areas for child care shall be cleaned daily with a germicidal solution unless plastic liners are used and disposed of daily.
- f) A safe and sanitary water supply shall be maintained. If a private water supply is used instead of an approved public water supply, the applicant shall supply written records of current test results indicating the water supply is safe for drinking. New test results must be provided prior to relicensing. If nitrate content exceeds 10 parts per million, bottled water must be used for infants.
- g) Hot and cold running water shall be provided. There shall be a temperature control to maintain hot water accessible to child(ren) at a temperature of no more than 120 degrees Fahrenheit.
- h) The group day care home shall provide one toilet for each ten (10) persons or portion thereof who are present during the hours the group day care home is in operation. These ten persons include caregiver(s), child care assistant(s), member(s) of the household and children other than infants and toddler(s) for whom a potty chair is provided.
- i) There shall be a minimum of 75 square feet of outdoor space per child for the total number of children using the area at any one time. At least 25% of the required space shall be on the premises of the group day care home. The remainder may be a public park, playground or other outdoor recreation area within walking distance (one thousand feet) of the group day care home provided the caregiver or an adult assistant accompanies child(ren) to this outdoor area.
- j) There shall be safe outdoor space for active play.

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- 1) Space shall be provided for play in yards, nearby parks or playgrounds under adult supervision.
- 2) Space shall be protected by physical means or by adult caregiver supervision against all hazards such as pools, traffic, and construction. Further, outdoor space shall be partitioned or supervised in such a manner that young child(ren) are not endangered by the activities of older child(ren).
- 3) Play areas shall be well drained and safely maintained.
- 4) In-ground or above-ground swimming pools located in areas accessible to children shall be fenced. The fence shall be at least 3 1/2 feet in height and secured by a locked gate.
- 5) Portable wading pools shall be emptied daily and cleaned with a germicidal solution before being air-dried.
- 6) If public parks or playgrounds are used for play, the child(ren) shall be closely supervised by the caregiver or adult assistant during play and while traveling to and from the area.
- 7) Supervision shall be provided during outdoor play by caregivers who meet the requirements of Section 408.45 below.
- k) A caregiver who relies upon outdoor space have shared with other residents in a multiple family dwelling shall a written agreement with the other resident(s) or the owner(s) of the outdoor area authorizing the use of the space by the group day care home and the children cared for.
- l) Insect and rodent control shall be maintained.
- 1) All outside doors except those with operable self-closing devices, operable windows, and other openings used for ventilation shall be screened.
- 2) Chemicals for insect and rodent control shall not be applied in areas accessible to children when children are present.
- m) Healthy household pets which present no danger to children are permitted.
- 1) A licensed veterinarian shall certify that the animals are free of diseases that could endanger the child(ren)'s health and that dogs and cats have been inoculated for rabies.

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- 2) If certification is not available, animals shall be confined at all times in an area inaccessible to child(ren).
- 3) There shall be careful supervision of child(ren) who are permitted to handle and care for the animals.
- 4) Immediate treatment shall be available to any child who is bitten or scratched by an animal.

n) The Department shall request that the Illinois Department of Public Health or a local health department authorized by it and/or the Office of the State Fire Marshal or the local fire department authorized by it inspect the group day care home and its premises whenever the Department has reason to believe that conditions in the home or its premises pose potential health or safety hazard(s) to child(ren) cared for in the home.

o) There shall be plans for immediate evacuation in case of emergency. Fire drills shall be conducted monthly for the purpose of removing children from the home as quickly as possible. Tornado drills shall be conducted monthly for the purpose of getting children accustomed to moving to a position of safety in event of a tornado. Records shall be maintained of the dates and times required drills are conducted. The alphabetic card file required by subsection 408.120 (c) shall accompany the caregiver during the drills.

p) Handguns are prohibited on the premises of the group day care home except in the possession of peace officers or other adults who must possess a handgun as a condition of employment and who reside in the group day care home.

q) Any firearm, other than a handgun in the possession of a peace officer or other person as provided above, shall be kept in a disassembled state, without ammunition, in locked storage in a closet, cabinet, or other locked storage facility inaccessible to children. Ammunition for such firearm(s) shall be kept in locked storage separate from that of the disassembled firearm(s), inaccessible to children.

r) The operator of the group home shall notify the parent(s) or guardian of any child accepted for care that firearm(s) and ammunition are stored on the premises. The operator shall also notify the

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parent(s) or guardian that such firearms and ammunition are in locked storage inaccessible to children. Such notification need not disclose the location where the fire arms and ammunition are stored. (Section 7 of the Act).

s) A group day care home operator relying upon a cooperative or lending arrangement to meet the equipment requirements of this Part shall provide a copy of a written agreement specifying which equipment required by this Part is covered by the agreement. Further, the operator shall demonstrate to the satisfaction of the Department that the equipment covered by the agreement is both available and utilized by the group day care home as required by this Part.

t) Operation of other business on the premises must not interfere with the care of children.

u) A group day care home may not house bedridden or chronically ill persons except by permission of the Department. The Department shall grant such permission unless the person has a reportable contagious or communicable disease or requires care which adversely affects the ability of the caregiver to supervise child(ren).

(Source: Emergency amendments at 15 Ill. Reg. 15104, effective October 8, 1991 for a maximum of 150 days)

Section 408.65 Number and Ages of Children Served
EMERGENCY

a) The maximum number of children permitted who may receive full-time day care in a group day care home shall be 12 children under the age of 12, including own child(ren), related child(ren) and unrelated child(ren).

b) Twelve (12) children between 3 and 6 years of age may be cared for by a caregiver and an assistant eighteen (18) years of age or older. The assistant must be present when more than six (6) such children are present.

c) Except as provided by subsection (b) above, the number of children to be served in the group day care home at any one time (license capacity) when a caregiver and assistant are present shall be determined in accordance with the following:

- 1) No more than four (4) children under 15 months of age shall be cared for in a group day care home; and
- 2) No more than six (6) children under 30 months of age shall be cared for in a group day care home; and of which no more than four (4) children may be under 15 months of age;

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- 3) No more than ~~ten-(10)~~ twelve (12) children under six (6) years of age shall be cared for in a group day care home; of which no more than six (6) children may be under 30 months of age and four (4) under 15 months of age;
- d) In addition to the 12 children who may receive day care in accordance with the above requirements, a group day care home may accept four additional children who are attending school full-time if an additional part-time, after school assistant is employed. Care for children who attend school full-time is limited to before and after school, holidays, weekends, and summers. The part-time assistant shall be present at all times when school children are present.

d) A-caregiver-alone-may-care-for-up-to-twelve-(12)-children-six-(6) years-of-age-or-older-prior-to-and-after-school-attendance---At other-times-(including-holidays,-vacations-and-weekends)-such children-shall-be-supervised-by-a-caregiver-and-an-assistant eighteen-(18)-years-of-age-or-older-when-ever-their-number-exceeds eight-(8):

e) Except-as-provided-in-subsection-(d)-above, The number of children to be served in the group home at any one time that the caregiver is present alone shall be determined in accordance with the following:

- 1) No more than three (3) children under 30 months of age shall be cared for in a group day care home; and
- 2) No more than five (5) children under six (6) years of age shall be cared for in a group day care home; and of which no more than three (3) children may be under 30 months of age; and
- 3) No more than eight (8) children may be cared for in a group day care home when one or more of the children is/are under six (6) years of age. No more than five of the eight children may be under 6 years of age and no more than three children may be under 30 months of age.

4) School Age Provision: A caregiver alone may care for up to 12 children under age 12 who attend school full-time if all are ages 6 and over. An assistant must be present during holidays, vacations, weekends, and summers.

f) In addition to the 8 children who may receive day care in accordance with the requirements in (e) above, a group day care home may accept four additional children who are attending school full-time if a part-time, after school assistant is employed. Care for children who attend school full-time is limited to before and after school, holidays, weekends, and summers. The part-time assistant shall be present at all times when school children are present.

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- g) Caregivers licensed as of the effective date of these amendments who are in full compliance with the standards of the Part may request in writing an increase in license capacity to the maximum. A decision regarding the increase in capacity shall be rendered within 90 days of receipt of the request. Decisions shall be made in accordance with the amended standards of this Part.

(Source: Emergency amendments at 15 Ill. Reg. 15104, effective October 8, 1991 for a maximum of 150 days)

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1) The Heading of the Part: AID TO THE AGED, BLIND OR DISABLED

2) Code Citation: 89 Ill. Adm. Code 113

3) Section Numbers: Emergency Action:

113.40 Amendment
113.50 Amendment
113.302 Repealed
113.400 New Section
113.405 New Section
113.410 New Section
113.415 New Section
113.420 New Section
113.425 New Section
113.430 New Section
113.435 New Section
113.440 Renumbered and Amended
113.445 New Section

4) Statutory Authority: Sections 3-1a, added by Public Act 87-14, effective July 24, 1991, and 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. Ch. 23, Pars. 3-1a and 12-13)

5) Effective Date of Emergency Amendments: October 7, 1991

6) If these Emergency Amendments are to expire before the end of the 150-day period, please specify the date on which they are to expire: Not applicable

7) Date Filed in Agency's Principal Office: October 7, 1991

8) Reason for Emergency: Section 2-25 of Public Act 87-14, effective July 24, 1991, authorizes the Department to implement Section 3-1a of the Public Aid Code, which establishes a new Interim Assistance Program, by emergency rulemaking.

9) A Complete Description of the Subjects and Issues Involved: These amendments, along with the amendments also filed today that amend 89 Ill. Adm. Code 114, implement major changes to the Interim Assistance Program and the General Assistance program pursuant to the mandates of Public Act 87-14 (Senate Bill 45) which became law July 24, 1991.

The major changes in Interim Assistance are as follows:

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- 1) The Interim Assistance program will apply Statewide, including the City of Chicago. However, the payment levels will remain as they are now. The payment levels for those in Chicago will remain at \$165 per month, the same as General Assistance, plus certain special needs. The payment levels elsewhere will continue to be based on individual need items as under the Aid to the Aged, Blind and Disabled program.
- 2) A client will have to be determined more likely than not to be eligible for the Supplemental Security Income (SSI) program in order to be eligible for Interim Assistance.
- 3) A client who has been determined not disabled for purposes of SSI within the last year will be ineligible for Interim Assistance unless there has been a substantial change in the client's condition.
- 4) The Department will continue to provide an SSI Advocacy program in the City of Chicago to help clients obtain eligibility for SSI. The Department also has plans to expand this type of program to other parts of the State. Where such programs exist, cooperation with the SSI Advocacy program shall be a condition of eligibility for Interim Assistance.

The major changes in General Assistance are as follows:

- 1) The General Assistance program is split into two programs, the Children and Family Assistance Program for assistance units consisting of adults and children as well as for pregnant women, and Transitional Assistance for assistance units consisting only of adults.
- 2) An adult is defined as a person age 18 or over or a person married and living with spouse, regardless of age, even if living in the residence of a natural or adoptive parent. A child is defined as under age 18 or age 18, living with a natural or adoptive parent, and a full time student in a secondary school or the equivalent level of vocational or technical training and reasonably can be expected to graduate or complete the program before reaching

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age 19. Persons under the age of 18 who do not reside with a parent, legal guardian or spouse remain ineligible for Transitional or Children and Family Assistance.

3) The Transitional Assistance program shall be time limited. For Fiscal Year 1992 (July 1, 1991 to June 30, 1992) the program is limited to a maximum of nine months. Thereafter, eligibility for Transitional Assistance shall be for only six months out of any twelve consecutive month period.

4) Certain persons on Transitional Assistance may qualify without the above time limits if the Department determines they meet the following criteria:

- a) age 55 and over who have not had gross earnings totalling \$2,000 in the past year and who have not earned at least \$200 a month in 7 of the last 12 months;
- b) serious medical, physical or mental problems, including alcohol and other substance abuse;
- c) needed at home to provide care for another person; or
- d) no high school diploma or GED and have not had gross earnings of at least \$200 per month in at least three of the last 24 months and cannot read at the 5.9 grade level.

5) Clients who claim to have a serious medical, physical or mental problem which prevents the client from working will have eligibility for Interim Assistance determined. The determination under that program of whether the person is more likely than not eligible for Supplemental Security Income (SSI) shall constitute the determination of whether or not the client has a serious medical, physical or mental problem for purposes of Transitional Assistance. The combination of these two determinations in this manner is intended to make the programs and determinations easier to administer and to give as many persons as possible the opportunity to

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become eligible for SSI.

6) Cooperation in the eligibility determination for Interim Assistance shall be a condition of eligibility for Transitional Assistance.

7) Persons receiving Children and Family Assistance shall be eligible for the same range of medical services as General assistance clients have received in the past. Persons receiving Transitional Assistance will no longer be eligible to receive hospital services. This aspect of the change in coverage for General Assistance is not contained in this Rule but has been promulgated in other rulemaking.

10) Are there any Proposed Amendments pending to this Part? Yes

Section Numbers	Proposed Action	Illinois Register Citation
113.306	Amendment	July 26, 1991 (15 Ill. Reg. 10889)

11) Statement of Statewide Policy Objectives: The changes to Interim Assistance and General Assistance may have an effect on local governmental units.

The requirement in Interim Assistance that a client be found more likely than not eligible for SSI will mean fewer clients will be eligible for Interim Assistance and thus more clients will be eligible for General Assistance. The changes in General Assistance apply to all receiving units, so local governmental units that receive State funds will have to make the appropriate changes in their programs.

12) Information and questions regarding these Emergency Amendments shall be directed to:

Name: David Peterson, Deputy General Counsel
Office of the General Counsel

Address: Illinois Department of Public Aid
Jesse B. Harris Building II
100 South Grand Avenue East, 3rd Flr.
Springfield, Illinois 62762

Telephone: (217) 782-1233

The full text of the Emergency Amendments begins on the next page:

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TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF PUBLIC AID
SUBCHAPTER b: ASSISTANCE PROGRAMS

PART 113
AID TO THE AGED, BLIND OR DISABLED

SUBPART A: GENERAL PROVISIONS

Section
113.1 Description of the Assistance Program
113.5 Incorporation By Reference

SUBPART B: NON-FINANCIAL FACTORS OF ELIGIBILITY

Section
113.9 Client Cooperation
113.10 Citizenship
113.20 Residence
113.30 Age
113.40 Blind

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113.50 Disabled

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113.60 Living Arrangement
113.70 Institutional Status
113.80 Social Security Number

SUBPART C: FINANCIAL FACTORS OF ELIGIBILITY

Section
113.100 Unearned Income
113.101 Budgeting Unearned Income
113.102 Budgeting Unearned Income of Applicants Receiving Income On Date of Application And/Or Date of Decision
113.103 Initial Receipt of Unearned Income
113.104 Termination of Unearned Income
113.105 Unearned Income In-Kind
113.106 Earmarked Income
113.107 Lump Sum Payments and Income Tax Refunds
113.108 Protected Income
113.109 Earned Income
113.110 Budgeting Earned Income
113.111 Protected Income
113.112 Earned Income
113.113 Budgeting Earned Income
113.114 Budgeting Earned Income of Applicants Receiving Income On Date of Application And/Or Date of Decision
113.115 Initial Employment

Section
113.116 Budgeting Earned Income For Contractual Employees
113.117 Budgeting Earned Income For Non-contractual School Employees
113.118 Termination of Employment
113.120 Exempt Earned Income
113.125 Recognized Employment Expenses
113.130 Income From Work/Study/Training Programs
113.131 Earned Income From Self-Employment
113.132 Earned Income From Roomer and Boarder
113.133 Earned Income From Rental Property
113.134 Earned Income In-Kind
113.139 Payments from the Illinois Department of Children and Family Services
113.140 Assets
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113.142 Asset Disregard
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113.154 Property Transfers For Applications Filed Prior To October 1, 1989
113.155 Property Transfers For Applications Filed On Or After October 1, 1989
113.156 Court Ordered Child Support Payments of Parent/Step-Parent
113.157 Sponsors of Aliens
113.160 Assignment of Medical Support Rights

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113.245 Payment Levels for AABD
113.246 Personal Allowance
113.247 Personal Allowance Amounts
113.248 Shelter
113.249 Utilities and Heating Fuel
113.250 Laundry
113.251 Telephone
113.252 Transportation, Lunches, Special Fees
113.253 Allowances for Increase in SSI Benefits
113.254 Nursing Care or Personal Care in Home Not Subject to Licensing
113.255 Sheltered Care in a Licensed Group Care Facility
113.256 Shopping Allowance
113.257 Special Allowances for Blind and Partially Sighted (Blind Only)
113.258 Home Delivered Meals
113.259 AABD Fuel and Utility Allowances By Area
113.260 Sheltered Care Rates

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Section
113.261

Cases in Licensed Intermediate Care Facilities,
Licensed Skilled Nursing Facilities, DMHDD
Facilities and All Other Licensed Medical Facilities

SUBPART E: OTHER PROVISIONS

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Persons Who May Be Included In the Assistance Unit
Grandfathered Cases
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Special Needs Authorizations
Retrospective Budgeting
Budgeting Schedule
Purchase and Repair of Household Furniture
Property Repairs and Maintenance
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SUBPART F: INTERIM ASSISTANCE

Section
113.400
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Description of the Interim Assistance Program

Pending SSI Application

More Likely Than Not Eligible for SSI

Non-Financial Factors of Eligibility

Financial Factors of Eligibility

Payment Levels for Chicago Interim Assistance Cases

Payment Levels for all Interim Assistance Cases
Outside Chicago

Medical Eligibility

Advocacy Program for Persons Receiving Interim
Assistance

113.500-113.440 Attorney's Fees for SSI Applicants Applicants
EMERGENCY

AUTHORITY: Implementing Article III and authorized by Section
12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1989,
ch. 23, pars. 3-1 et seq. and 12-13)

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SOURCE: Filed effective December 30, 1977; peremptory amendment at 2 Ill. Reg. 17, p. 117, effective February 1, 1978; amended at 2 Ill. Reg. 31, p. 134, effective August 5, 1978; emergency amendment at 2 Ill. Reg. 37, p. 4, effective August 30, 1978, for a maximum of 150 days; peremptory amendment at 2 Ill. Reg. 46, p. 44, effective November 1, 1978; emergency amendment at 3 Ill. Reg. 16, p. 41, effective April 9, 1979, for a maximum of 150 days; emergency amendment at 3 Ill. Reg. 28, p. 182, effective July 1, 1979, for a maximum of 150 days; amended at 3 Ill. Reg. 33, p. 399, effective August 18, 1979; amendment at 3 Ill. Reg. 33, p. 415, effective August 18, 1979; amended at 3 Ill. Reg. 38, p. 243, effective September 21, 1979, peremptory amendment at 3 Ill. Reg. 38, p. 321, effective September 7, 1979; amended at 3 Ill. Reg. 40, p. 140, effective October 6, 1979; amended at 3 Ill. Reg. 46, p. 36, effective November 2, 1979; amended at 3 Ill. Reg. 47, p. 96, effective November 13, 1979; amended at 3 Ill. Reg. 48, p. 1, effective November 15, 1979; peremptory amendment at 4 Ill. Reg. 9, p. 259, effective February 22, 1980; amended at 4 Ill. Reg. 10, p. 258, effective February 25, 1980; at 4 Ill. Reg. 12, p. 551, effective March 10, 1980; amended at 4 Ill. Reg. 27, p. 387, effective June 24, 1980; emergency amendment at 4 Ill. Reg. 29, p. 294, effective July 8, 1980, for a maximum of 150 days; amended at 4 Ill. Reg. 37, p. 797, effective September 2, 1980; amended at 4 Ill. Reg. 37, p. 800, effective September 2, 1980; amended at 4 Ill. Reg. 45, p. 134, effective October 27, 1980; amended at 5 Ill. Reg. 766, effective January 2, 1981; amended at 5 Ill. Reg. 1134, effective January 26, 1981; peremptory amendment at 5 Ill. Reg. 5722, effective June 1, 1981; amended at 5 Ill. Reg. 7071, effective June 23, 1981; amended at 5 Ill. Reg. 7104, effective June 23, 1981; amended at 5 Ill. Reg. 8041 effective July 27, 1981; amended at 5 Ill. Reg. 8052, effective July 24, 1981; peremptory amendment at 5 Ill. Reg. 8106, effective August 1, 1981; peremptory amendment at 5 Ill. Reg. 10062, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10079, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10095, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10113, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10124, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10131, effective October 1, 1981; amended at 5 Ill. Reg. 10730, effective October 1, 1981; amended at 5 Ill. Reg. 10733, effective October 1, 1981; amended at 5 Ill. Reg. 10760, effective October 1, 1981; amended at 5 Ill. Reg. 10767, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 11647, effective October 16, 1981; peremptory amendment at 6 Ill. Reg. 611, effective January 1, 1982, amended at 6 Ill. Reg. 1216, effective January 14, 1982; emergency amendment at 6 Ill. Reg. 2447, effective March 1, 1982, for a maximum of 150

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days; peremptory amendment at 6 Ill. Reg. 2452, effective February 11, 1982; peremptory amendment at 6 Ill. Reg. 6475, effective May 18, 1982; peremptory amendment at 6 Ill. Reg. 6912, effective May 20, 1982; emergency amendment at 6 Ill. Reg. 7299, effective June 2, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 8115, effective July 1, 1982; amended at 6 Ill. Reg. 8142, effective July 1, 1982; amended at 6 Ill. Reg. 8159, effective July 1, 1982; amended at 6 Ill. Reg. 10970, effective August 26, 1982; amended at 6 Ill. Reg. 11921, effective September 21, 1982; amended at 6 Ill. Reg. 12293, effective October 1, 1982; amended at 6 Ill. Reg. 12318, effective October 1, 1982; amended at 6 Ill. Reg. 13754, effective November 1, 1982; rules repealed, new rules adopted and codified at 7 Ill. Reg. 907, effective January 10, 1983; amended (by adding Sections being codified with no substantive change) at 7 Ill. Reg. 5195; amended at 7 Ill. Reg. 9367, effective August 1, 1983; amended at 7 Ill. Reg. 17351, effective December 21, 1983; amended at 8 Ill. Reg. 537, effective December 30, 1983; amended at 8 Ill. Reg. 5225, effective April 9, 1984; amended at 8 Ill. Reg. 6746, effective April 27, 1984; amended at 8 Ill. Reg. 11414, effective June 27, 1984; amended at 8 Ill. Reg. 13273, effective July 16, 1984; amended (by sections being codified with no substantive change) at 8 Ill. Reg. 17895; amended at 8 Ill. Reg. 18896, effective September 26, 1984; amended at 9 Ill. Reg. 5335, effective April 5, 1985; amended at 9 Ill. Reg. 8166, effective May 17, 1985; amended at 9 Ill. Reg. 8657, effective May 25, 1985; amended at 9 Ill. Reg. 11302, effective July 5, 1985; amended at 9 Ill. Reg. 11636, effective July 8, 1985; amended at 9 Ill. Reg. 11991, effective July 12, 1985; amended at 9 Ill. Reg. 12806, effective August 9, 1985; amended at 9 Ill. Reg. 15896, effective October 4, 1985; amended at 9 Ill. Reg. 16291, effective October 10, 1985; emergency amendment at 10 Ill. Reg. 364, effective January 1, 1986; amended at 10 Ill. Reg. 1183, effective January 10, 1986; amended at 10 Ill. Reg. 6956, effective April 16, 1986; amended at 10 Ill. Reg. 8794, effective May 12, 1986; amended at 10 Ill. Reg. 10628, effective June 3, 1986; amended at 10 Ill. Reg. 11920, effective July 3, 1986; amended at 10 Ill. Reg. 15110, effective September 5, 1986; amended at 10 Ill. Reg. 15631, effective September 19, 1986; amended at 11 Ill. Reg. 3150, effective February 6, 1987; amended at 11 Ill. Reg. 8712, effective April 20, 1987; amended at 11 Ill. Reg. 9919, effective May 15, 1987; emergency amendment at 11 Ill. Reg. 12441, effective July 10, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 20880, effective December 14, 1987; amended at 12 Ill. Reg. 867, effective January 1, 1988; amended at 12 Ill. Reg. 2137, effective January 11, 1988; amended at 12 Ill. Reg. 3497, effective January 22, 1988; amended at 12 Ill.

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Reg. 5642, effective March 15, 1988; amended at 12 Ill. Reg. 6151, effective March 22, 1988; amended at 12 Ill. Reg. 7687, effective April 22, 1988; amended at 12 Ill. Reg. 8662, effective May 13, 1988; amended at 12 Ill. Reg. 9023, effective May 20, 1988; amended at 12 Ill. Reg. 6996, effective May 24, 1988; emergency amendment at 12 Ill. Reg. 11828, effective July 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 14162, effective August 30, 1988; amended at 12 Ill. Reg. 17849, effective October 25, 1988; amended at 13 Ill. Reg. 63, effective January 1, 1989; emergency amendment at 13 Ill. Reg. 3402, effective March 3, 1989, for a maximum of 150 days; amended at 13 Ill. Reg. 6007, effective April 14, 1989; amended at 13 Ill. Reg. 12553, effective July 12, 1989; amended at 13 Ill. Reg. 13609, effective August 11, 1989; emergency amendment at 13 Ill. Reg. 14467, effective September 1, 1989, for a maximum of 150 days; emergency amendment at 13 Ill. Reg. 16154, effective October 2, 1989, for a maximum of 150 days; emergency expired March 1, 1990; amended at 14 Ill. Reg. 720, effective January 1, 1990; amended at 14 Ill. Reg. 6321, effective April 16, 1990; amended at 14 Ill. Reg. 13187, effective August 6, 1990; amended at 14 Ill. Reg. 14806, effective September 30, 1990; amended at 14 Ill. Reg. 16957, effective September 30, 1990; amended at 15 Ill. Reg. 277, effective January 1, 1991; emergency amendment at 15 Ill. Reg. 1111, effective January 10, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 5291, effective April 1, 1991; amended at 15 Ill. Reg. 5698, effective April 10, 1991; amended at 15 Ill. Reg. 7104, effective April 30, 1991; amended at 15 Ill. Reg. 11142, effective July 22, 1991; amended at 15 Ill. Reg. 11948, effective August 12, 1991; amended at 15 Ill. Reg. 14073, effective September 11, 1991; emergency amendment at 15 Ill. Reg. 15119, effective October 7, 1991, for a maximum of 150 days.

NOTE: CAPITALIZATION DENOTES STATUTORY LANGUAGE.

SUBPART B: NON-FINANCIAL FACTORS OF ELIGIBILITY

Section 113.40 Blind
EMERGENCY

- a) To be eligible for assistance as a blind person an individual must be determined blind as currently defined by the Social Security Administration (SSA). (See 20 CFR 416, Subpart I, April 1, 1984).
- b) If an individual is receiving Supplemental Security Income (SSI) or primary Social Security (OASDI)

DEPARTMENT OF PUBLIC AID

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Section 113.40 Blind (Cont'd)

EMERGENCY

benefits, the Department shall accept the Social Security Administration (SSA) determination of blindness. If an individual is applying for SSI, the Department shall not do a determination of blindness but shall accept the determination of SSA. (See 113-202-Section 113.400 et seq. for eligibility for Interim Assistance in this situation). The Department will make the determination of blindness when the client has been denied SSI on the basis of too much income. The Department uses the same criteria for blindness as is used under SSI. (See 20 CFR 416, Subpart I, April 1, 1984).

- c) 1) If an individual receiving assistance is determined currently "not blind" by SSA under the SSI or primary OASDI programs, the Department shall accept SSA's determination of blindness and cancel the case, no matter which agency made the original determination of eligibility.
- 2) If the individual appeals the SSA determination of blindness to SSA, assistance shall be continued through the level of a determination by an Administrative Law Judge (ALJ) subject to the time limits of subsection (c)(3) below. If assistance has been cancelled but the client later appeals to SSA, the case shall be reinstated through the ALJ level subject to the time limits of subsection (c)(3) below.
- 3) If the client notifies the Department of his appeal to SSA within 10 days of the date of the Department notice, assistance will be continued with no break. If the client notifies the Department of his appeal to SSA within 11 through 65 days of the date of the Department notice, assistance will be reinstated back to the original date of cancellation. If the client notifies the Department of his appeal to SSA more than 65 days after the date of the Department notice, assistance will be provided prospectively only, unless the client actually appealed to SSA within 65 days of the date of the Department notice, in which case assistance will be reinstated back to the original date of cancellation.

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Section 113.40 Blind (Cont'd)

EMERGENCY

- 4) If the client is continuing to receive SSI during the appeal process, the case shall be continued at the SSP level. Otherwise, the case shall be placed on Interim Assistance.
 - 5) If an Administrative Law Judge finds the individual "not blind", the Department shall accept that finding as final. The individual shall not have the right to appeal the determination of blindness to the Department at any time during this process.
 - d) Redetermination of blindness is a condition of continuing eligibility for individuals who are not applying for or receiving SSI or OASDI benefits.
 - e) When appropriate, the Department shall pay for a medical examination to determine blindness.
- (Source: Emergency amendment at 15 Ill. Reg. 15119, effective October 7, 1991, for a maximum of 150 days)

Section 113.50 Disabled

EMERGENCY

- a) To be eligible for assistance as a disabled person an individual must be determined disabled as currently defined by the Social Security Administration. (See 20 CFR 416, Subpart I, April 1, 1984).
- b) If an individual is receiving Supplemental Security Income (SSI) or primary Social Security (OASDI) benefits, the Department shall accept the Social Security Administration (SSA) determination of disability. If an individual is applying for SSI, the Department shall not do a determination of disability but shall accept the determination of SSA. (See 113-202-Section 113.400 et seq. for eligibility for Interim Assistance in this situation.) The Department will make the determination of disability when the client has been denied SSI on the basis of too much income. The Department uses the same criteria for disability as is used under SSI. (See 20 CFR 416, Subpart I, April 1, 1984).

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Section 113.50 Disabled (Cont'd)
EMERGENCY

- c) 1) If an individual receiving assistance is determined currently "not disabled" by SSA under the SSI or primary OASDI programs, the Department shall accept SSA's determination of disability and cancel the case, no matter which agency made the original determination of eligibility.

- 2) If the individual appeals the SSA determination of disability to SSA, assistance shall be continued through the level of a determination by an Administrative Law Judge (ALJ) subject to the time limits of subsection (c)(3) below. If assistance has been cancelled but the client later appeals to SSA, the case shall be reinstated through the ALJ level subject to the time limits of subsection (c)(3) below.

- 3) If the client notifies the Department of his appeal to SSA within 10 days of the date of the Department notice, assistance will be continued with no break. If the client notifies the Department of his appeal to SSA within 11 through 65 days of the date of the Department notice, assistance will be reinstated back to the original date of cancellation. If the client notifies the Department of his appeal to SSA more than 65 days after the date of the Department notice, assistance will be provided prospectively only, unless the client actually appealed to SSA within 65 days of the date of the Department notice, in which case assistance will be reinstated back to the original date of cancellation.

- 4) If the client is continuing to receive SSI during the appeal process, the case shall be continued at the SSP level. Otherwise, the case shall be placed on Interim Assistance.

- 5) If an Administrative Law Judge finds the individual "not disabled", the Department shall accept that finding as final. The individual shall not have the right to appeal the determination of disability to the Department at any time during this process.

NOTICE OF EMERGENCY AMENDMENTS

Section 113.50 Disabled (Cont'd)
EMERGENCY

- d) Redetermination of disability is a condition of continuing eligibility for individuals who are not applying for or receiving SSI or OASDI benefits.

(Source: Emergency amendment at 15 Ill. Reg. 15119, effective October 7, 1991, for a maximum of 150 days)

SUBPART E: OTHER PROVISIONS

Section 113.302 Interim Assistance (Repealed)
EMERGENCY

- a) When an individual makes application for AABD-(SSP)-the application shall be approved for Interim Assistance pending determination of categorical relatedness by the Social Security Administration (SSA)-if countable income is less than the Payment Level for Interim Assistance-(see Section 113.245)-and all other eligibility criteria except for determination of categorical relatedness have been met-it shall be a condition of eligibility for Interim Assistance to have filed an application for Supplemental Security Income-(SSI)-
- b) Medical eligibility for Interim Assistance begins the earliest one of the following months in which all eligibility requirements are met-(see 89 Ill. Adm. Code 110.22)-

- 1) the third month before the month of application-
or
2) the month of application-or
3) the first month eligibility begins following the month of application.

- e) To be medically eligible means that all eligibility requirements for Interim Assistance are met for the month even though Interim Assistance may not be authorized for the month--Services prompted by an illness or accident beginning before the client is medically eligible-and continuing beyond the date of eligibility-are payable on a prorated basis from the date of medical eligibility forward.

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NOTICE OF EMERGENCY AMENDMENTS

Section 113.302 Interim Assistance (Repealed) (Cont'd)
EMERGENCY

d) When Interim Assistance is authorized the application process shall continue until the local office receives notification from SSA that the applicant is either categorically related or not categorically related. At that point, a final disposition of the application is made and certification is authorized or the application is denied.

e) Continuation of assistance during SSA appeal.

1) The Department shall accept the SSA determination of categorical relatedness under the application for SSI.

2) If the individual appeals the SSA determination of categorical relatedness to SSA, interim assistance shall be continued through the level of a determination by an Administrative Law Judge (ALJ) subject to the time limits of subsection (e)(3) below. If assistance has been cancelled but the client later appeals to SSA, the case shall be reinstated through the ALJ level subject to the time limits of subsection (e)(3) below.

3) If the client notifies the Department of his appeal to SSA within 10 days of the date of the Department notice, assistance will be continued with no break. If the client notifies the Department of his appeal to SSA within 11 through 65 days of the date of the Department notice, assistance will be reinstated back to the original date of cancellation. If the client notifies the Department of his appeal to SSA more than 65 days after the date of the Department notice, assistance will be provided prospectively only, unless the client actually appealed to SSA within 65 days of the date of the Department notice, in which case assistance will be reinstated back to the original date of cancellation.

4) If Interim Assistance is not begun before the SSA determination, but the client appeals the determination to SSA, Interim Assistance shall be authorized through the level of a determination of an Administrative Law Judge.

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NOTICE OF EMERGENCY AMENDMENTS

Section 113.302 Interim Assistance (Repealed) (Cont'd)
EMERGENCY

5) If an Administrative Law Judge finds the individual to be not categorically related, the Department shall accept that finding as final. The individual shall not have the right to appeal the determination of categorical relatedness to the Department at any time during this process.

f) SSI applicants who have been placed in approved community long-term settings from DMHDP-operated facilities are also eligible to be placed on Interim Assistance if need exists.

(Source: Emergency repealer at 15 Ill. Reg. 15119, effective October 7, 1991, for a maximum of 150 days)

SUBPART F: INTERIM ASSISTANCE

Section 113.400 Description of the Interim Assistance Program
EMERGENCY

Interim Assistance -- financial and medical assistance available to individuals while an application for Supplemental Security Income (SSI) is pending if the Department determines that the individual will more likely than not be eligible for SSI.

(Source: Emergency rule added at 15 Ill. Reg. 15119, effective October 7, 1991, for a maximum of 150 days)

Section 113.405 Pending SSI Application
EMERGENCY

a) As a condition of eligibility, the individual must have filed an application for SSI and:

- 1) the application is pending.
- 2) the application was denied due to a finding of not blind or not disabled and an appeal of the decision is pending with SSA at the reconsideration or Administrative Law Judge level (ALJ).
- 3) the application has been approved for temporary

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NOTICE OF EMERGENCY AMENDMENTS

Section 113.405 Pending SSI Application (Cont'd)
EMERGENCY

SSI benefits, or

a) the application has been denied due to income and a determination of blindness or disability is pending with the Department.

b) If the client is denied SSI due to a finding of not blind or not disabled and the client notifies the Department within 10 days of the date of the termination notice of termination that an appeal has been filed, assistance will be continued with no break. If the client notifies the Department within 11 through 65 days of the date of notice of termination, assistance will be reinstated back to the date of the original cancellation. If the client notifies the Department that an appeal has been filed more than 65 days from the date of notice of termination, assistance will be provided prospectively, unless the client filed the appeal within 65 days of the Department notice, in which case assistance will be reinstated back to the date of cancellation.

c) If the Administrative Law Judge finds the individual not blind or not disabled the Department shall accept the finding as final. The individual is then no longer eligible for Interim Assistance. The individual may appeal this determination only through an appeal of the Administrative Law Judges decision within the Social Security Administrations' appeal system.

d) If an individual is determined eligible for SSI, eligibility for Aid for the Aged, Blind, and Disabled will be determined under 89 Ill. Adm. Code 113. Eligibility for Interim Assistance does not exist.

(Source: Emergency rule added at 15 Ill. Reg. 15119, effective October 7, 1991, for a maximum of 150 days)

Section 113.410 More Likely Than Not Eligible for SSI
EMERGENCY

a) As a condition of eligibility, an applicant for Interim Assistance must be determined to be more

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

Section 113.410 More Likely Than Not Eligible for SSI
EMERGENCY (Cont'd)

likely than not to be found eligible for Supplemental Security Income (SSI).

b) The determination will be made by medically qualified personnel who possess at a minimum a current Illinois license to practice as a Registered Nurse.

c) The applicant must provide all relevant medical and social information as required by the Department. The determination will be made by a review of this relevant medical and social information.

d) The determination will be based on an assessment of the individual's impairment, residual functional capacity, age, education, and work experience.

e) An individual who has been denied SSI within the previous 12 months due to a finding of not blind or not disabled cannot be determined more likely than not eligible for SSI unless the client shows there has been a substantial change in medical condition or there has been a substantial change in other factors, such as age or work experience, that make it more likely the individual would now be found eligible for SSI.

(Source: Emergency rule added at 15 Ill. Reg. 15119, effective October 7, 1991, for a maximum of 150 days)

Section 113.415 Non-Financial Factors of Eligibility
EMERGENCY

The following non-financial factors for Interim Assistance eligibility are the same as those for AABD eligibility:

a) Client cooperation, see 89 Ill. Adm. Code 113.2

b) Citizenship, see 89 Ill. Adm. Code 113.10

c) Residence, see 89 Ill. Adm. Code 113.20

d) Institutional Status, see 89 Ill. Adm. Code 113.70

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NOTICE OF EMERGENCY AMENDMENTS

Section 113.415
EMERGENCY

Non-Financial Factors of Eligibility (Cont'd)

- e) Social Security Number, see 89 Ill. Adm. Code 113.80
(Source: Emergency rule added at 15 Ill. Reg. 15119, effective October 7, 1991, for a maximum of 150 days)

Section 113.420
EMERGENCY

Financial Factors of Eligibility

The financial factors of Interim Assistance eligibility are the same as the financial factors for AABD eligibility (see Sections 113.100 through 113.160).

- (Source: Emergency rule added at 15 Ill. Reg. 15119, effective October 7, 1991, for a maximum of 150 days)

Section 113.425
EMERGENCY

Payment Levels for Chicago Interim Assistance Cases

- a) All Chicago Interim Assistance clients receive a flat grant of \$165.00 per month. In addition to the flat grant amount, clients may also be entitled to Special Needs allowances.

- b) The Special Needs allowances are as follows:

1) Telephone

- A) The monthly cost of a telephone is allowed at the minimum community rate when the client has no access to a telephone and the service is essential because of illness.
- B) No allowance is made for security deposits or past due bills.
- C) For installation charges, see 89 Ill. Adm. Code 116.520.

- 2) Laundry allowance of \$3.18 per month shall be provided when:

- A) Neither the client nor any member of the household is physically able to do the

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Section 113.425
EMERGENCY

Payment Levels for Chicago Interim Assistance Cases (Cont'd)

laundry, no relative is available and housekeeping services are not provided.

- B) There are no facilities for washing or drying in the home; or

- C) A recipient in the home is incontinent or bedfast.

3) Shopping Allowance

The Department shall provide an allowance for shopping service in an amount not to exceed \$5.00 when the client is unable to shop and there is no one available to do it without charge.

4) Therapeutic Diet Allowance

- A) The Department shall provide a therapeutic diet allowance when the diet is prescribed by a physician. Standard therapeutic diet monthly allowances provided are:

TYPE OF DIET

AMOUNT

Ulcer (and other chronic conditions requiring a bland low residue diet)

\$ 5.95

Diabetic (less than 1700 calories)

\$ 7.92

Diabetic (1700 calories or more)

\$17.82

High-protein, high caloric, high-vitamin

\$12.85

- B) Approval of an allowance in a different amount or for a non-standard prescribed diet requires approval of the Department. Non-standard diets are approved by the Bureau of Medical Practitioner Services on a case-by-case basis.

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Section 113.425 Payment Levels for Chicago Interim
EMERGENCY Assistance Cases (Cont'd)

5) Restaurant Allowance

The Department shall provide an allowance for meals in restaurants when the client has no facilities for the preparation of food, or is unable to cook, and has no one who will prepare meals.

A) The maximum allowance for three meals per day, seven days per week in a restaurant is \$63.95 monthly.

B) When fewer than three meals per day are required to be eaten in restaurants, the total restaurant allowance is to be authorized for the following monthly amounts:

1) Breakfast	\$12.78
2) Lunch	\$19.19
3) Dinner	\$31.98

6) Home Delivered Meals

The Department shall provide an allowance for home delivered meals for clients who are confined to their homes because of illness or incapacity. Monthly allowances are as follows:

	5 Days Per Week	7 Days Per Week
1 Meal Per Day, Lunch Only	\$13.70	\$19.21
1 Meal Per Day, Dinner Only	\$22.84	\$31.99
2 Meals Per Day, Lunch and Dinner	\$36.54	\$51.16
3 Meals Per Day, Breakfast, Lunch and Dinner	\$45.68	\$63.95

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Section 113.425 Payment Levels for Chicago Interim
EMERGENCY Assistance Cases (Cont'd)

7) Special Allowances for Blind and Partially Sighted (Interim Assistance-Blind Only)

Payment shall be made for reading or guide service for recreation (\$1.05 per month); repair or braille writers, radios or typewriters (most economical rate); food for a trained guide dog (\$13.07 per month); and allowance for attendance at the Illinois Visually Handicapped Institute (\$21.00 per month for additional clothing and personal essentials for months the client is in attendance).

(Source: Emergency rule added at 15 Ill. Reg. 15119, effective October 7, 1991, for a maximum of 150 days)

Section 113.430 Payment Levels for all Interim Assistance
EMERGENCY Cases Outside Chicago

The payment levels for Interim Assistance cases outside Chicago are determined by using the same individual allowances used in determining AABD payment levels (see 89 Ill. Adm. Code 113.246 through 113.261) except that individuals receiving Interim Assistance are not eligible for the grant adjustment (see 89 Ill. Adm. Code 113.253).

(Source: Emergency rule added at 15 Ill. Reg. 15119, effective October 7, 1991, for a maximum of 150 days)

Section 113.435 Medical Eligibility
EMERGENCY

a) Individuals receiving Interim Assistance are eligible to receive the same package of services as individuals receiving Aid to the Aged, Blind and Disabled (see 89 Ill. Adm. Code 140.3).

b) Medical eligibility for Interim Assistance cases begins the earliest one of the following months in which all eligibility requirements are met (see 89 Ill. Adm. Code 140.32):

1) the third month before the month of application.

NOTICE OF EMERGENCY AMENDMENTS

Section 113.435 Medical Eligibility (Cont'd)
EMERGENCY

- 2) the month of application, or
- 3) the first month eligibility begins following the month of application.
- c) To be medically eligible means that all eligibility requirements for Interim Assistance are met for the month even though Interim Assistance may not be authorized for the month. Services prompted by an illness or accident beginning before the client is medically eligible, and continuing beyond the date of eligibility, are payable on a prorated basis from the date of medical eligibility forward.

(Source: Emergency rule added at 15 Ill. Reg. 15119, effective October 7, 1991, for a maximum of 150 days)

Section 113.445 Advocacy Program for Persons Receiving
EMERGENCY Interim Assistance

- a) The Department may establish advocacy programs to help clients pursue SSI applications and, for those found ineligible for SSI initially, to help clients pursue the SSI reconsideration and appeal process.
- b) The Department shall maintain an advocacy program for Interim Assistance clients in the City of Chicago. The Department may establish advocacy programs for clients in other geographic areas of the State.
- c) For those geographic areas of the State where an advocacy program is established, it shall be a condition of eligibility for Interim Assistance for the client to participate in and cooperate with the advocacy program.
- d) Responsibilities of SSI advocacy programs include but are not limited to:
 - 1) Assisting the client in completing all forms required for the SSI process;
 - 2) Assisting the client in securing and providing all medical information required for the SSI process;

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Section 113.445 Advocacy Program for Persons Receiving
EMERGENCY Interim Assistance (Cont'd)

- 3) Ensuring that the client attends all scheduled SSI appointments including issuing carfare or arranging for other transportation, when necessary;
- 4) Contacting the Social Security Administration (SSA) to request rescheduling of a client appointment, when required;
- 5) Maintaining contact with the SSA regarding the status of the SSI application;
- 6) Documenting all contacts with the client or SSA;
- 7) Initiating the SSI appeal/reconsideration process if the SSI application is denied, through the Administrative Law Judge level;
- 8) Referring the case for assistance under the Aid to the Aged, Blind or Disabled (AABD) Program upon approval of the SSI application, and advising the GA office to cancel the GA case;
- 9) Follow-up after a decision by the Administrative Law Judge, including obtaining a copy of the decision and referring the case for appropriate re-evaluation in the case of a decision by the Administrative Law Judge that the client is not disabled or blind; and
- 10) Maintaining statistics on case referrals, actions taken and dispositions.

(Source: Emergency rule added at 15 Ill. Reg. 15119, effective October 7, 1991, for a maximum of 150 days)

Section 113.500 113.440 Attorney's Fees for SSI Appellants
EMERGENCY Applicants

- a) The Department will pay any attorney or advocate working under the supervision of an attorney, who represents a recipient of Interim Assistance (Aged, Blind, or Disabled) in an appeal of any claim for Supplemental Security Income (SSI) benefits before an

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Section 113.500 Attorney's Fees for SSI Appellants
EMERGENCY Applicants (Cont'd)

Administrative Law Judge, which is decided in favor of the recipient. The amount of the payment will be 25% of the maximum SSI grant payable to the individual for a period of one (1) year.

- b) 1) To secure payment the attorney/advocate must submit his/her request for payment to the Illinois Department of Public Aid, Bureau of-Petty-and-Proceedures, 316-South-Second-Street, Springfield, Illinois, 62762. The request for payment must be postmarked no more than sixty (60) days from the date of the notice of the favorable decision by the Administrative Law Judge. The following information must be included with the request:
 - A) proof that the attorney/advocate represented the client;
 - B) a copy of the favorable decision;
 - C) the attorney's/advocate's bill;
 - D) the Interim Assistance recipient's name, address and Public Aid case number; and
 - E) the attorney's/advocate's Federal Employee Identification number or Social Security number.
- 2) The Department will make payment within thirty (30) days of receipt of the information listed above.
- c) The attorney/advocate must agree to waive the right to charge or collect fees and expenses from the Interim Assistance recipient.

(Source: Emergency rule renumbered from Section 113.500 to Section 113.440; and amended at 15 Ill. Reg. 15119, effective October 7, 1991, for a maximum of 150 days)

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1) The Heading of the Part: GENERAL ASSISTANCE

2) Code Citation: 89 Ill. Adm. Code 114

3) Section Numbers: Emergency Action:

114.1 Amendment
114.2 New Section
114.60 Amendment
114.61 Amendment
114.62 Amendment
114.63 Amendment
114.64 Amendment
114.70 Amendment
114.80 Amendment
114.120 Amendment
114.121 Amendment
114.122 Repealed
114.123 Repealed
114.124 Amendment
114.400 Amendment
114.420 Amendment

- 4) Statutory Authority: Sections 6-11, added by Public Act 87-14, effective July 24, 1991, and 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1989, Ch. 23, Pars. 6-11 and 12-13) and Section 2-25 of Public Act 87-14, effective July 24, 1991
- 5) Effective Date of Emergency Amendments: October 7, 1991
- 6) If these Emergency Amendments are to expire before the end of the 150-day period, please specify the date on which it is to expire: Not applicable
- 7) Date Filed in Agency's Principal Office: October 7, 1991
- 8) Reason for Emergency: Section 2-25 of Public Act 87-14, effective July 24, 1991 authorizes the Department to implement Section 6-11 of the Public Aid Code by emergency rulemaking.
- 9) A Complete Description of the Subjects and Issues Involved: These amendments, along with the amendments also filed today that amend 89 Ill. Adm. Code 113, implement major changes to the Interim Assistance Program and the General Assistance program pursuant to the mandates of Public Act 87-14 (Senate Bill 45) which became law July 24, 1991.

DEPARTMENT OF PUBLIC AID

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The major changes in Interim Assistance are as follows:

- 1) The Interim Assistance program will apply Statewide, including the City of Chicago. However, the payment levels will remain as they are now. The payment levels for those in Chicago will remain at \$165 per month, the same as General Assistance, plus certain special needs. The payment levels elsewhere will continue to be based on individual need items as under the Aid to the Aged, Blind and Disabled program.
- 2) A client will have to be determined more likely than not to be eligible for the Supplemental Security Income (SSI) program in order to be eligible for Interim Assistance.
- 3) A client who has been determined not disabled for purposes of SSI within the last year will be ineligible for Interim Assistance unless there has been a substantial change in the client's condition.
- 4) The Department will continue to provide an SSI Advocacy program in the City of Chicago to help clients obtain eligibility for SSI. The Department also has plans to expand this type of program to other parts of the State. Where such programs exist, cooperation with the SSI Advocacy program shall be a condition of eligibility for Interim Assistance.

The major changes in General Assistance are as follows:

- 1) The General Assistance program is split into two programs, the Children and Family Assistance Program for assistance units consisting of adults and children as well as for pregnant women, and Transitional Assistance for assistance units consisting only of adults.
- 2) An adult is defined as a person age 18 or over or a person married and living with spouse, regardless of age, even if living in the residence of a natural or adoptive parent. A child is defined as under age 18 or age 18, living with a natural or adoptive parent, and a full time student in a secondary school or the equivalent level of vocational or technical

DEPARTMENT OF PUBLIC AID

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training and reasonably can be expected to graduate or complete the program before reaching age 19. Persons under the age of 18 who do not reside with a parent, legal guardian or spouse remain ineligible for Transitional or Children and Family Assistance.

- 3) The Transitional Assistance program shall be time limited. For Fiscal Year 1992 (July 1, 1991 to June 30, 1992) the program is limited to a maximum of nine months. Thereafter, eligibility for Transitional Assistance shall be for only six months out of any twelve consecutive month period.
- 4) Certain persons on Transitional Assistance may qualify without the above time limits if the Department determines they meet the following criteria:
 - a) age 55 and over who have not had gross earnings totalling \$2,000 in the past year and who have not earned at least \$200 a month in 7 of the last 12 months;
 - b) serious medical, physical or mental problems, including alcohol and other substance abuse;
 - c) needed at home to provide care for another person; or
 - d) no high school diploma or GED and have not had gross earnings of at least \$200 per month in at least three of the last 24 months and cannot read at the 5.9 grade level. This fourth criteria shall only be available for up to twelve months.
- 5) Clients who claim to have a serious medical, physical or mental problem which prevents the client from working will have eligibility for Interim Assistance determined. The determination under that program of whether the person is more likely than not eligible for Supplemental Security Income (SSI) shall constitute the determination of whether or not the client has a serious medical, physical or mental problem for purposes of Transitional Assistance. The combination of these two determinations in this

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manner is intended to make the programs and determinations easier to administer and to give as many persons as possible the opportunity to become eligible for SSI.

- 6) Cooperation in the eligibility determination for Interim Assistance shall be a condition of eligibility for Transitional Assistance.
- 7) Persons receiving Children and Family Assistance shall be eligible for the same range of medical services as General assistance clients have received in the past. Persons receiving Transitional Assistance will no longer be eligible to receive hospital services. This aspect of the change in coverage for General Assistance is not contained in this Rule but has been promulgated in other rulemaking.

- 10) Are there any Proposed Amendments pending to this Part? No
- 11) Statement of Statewide Policy Objectives: The changes to Interim Assistance and General Assistance may have an effect on local governmental units.

The requirement in Interim Assistance that a client be found more likely than not eligible for SSI will mean fewer clients will be eligible for Interim Assistance and thus more clients will be eligible for General Assistance. The changes in General Assistance apply to all receiving units, so local governmental units that receive State funds will have to make the appropriate changes in their programs.

- 12) Information and questions regarding these Emergency Amendments shall be directed to:

Name: David E. Peterson, Deputy General Counsel
Office of the General Counsel

Address: Illinois Department of Public Aid
Jesse B. Harris Building II
100 South Grand Avenue East, 3rd Floor
Springfield, Illinois 62762

Telephone: (217) 782-1233

The full text of the Emergency Amendments begins on the next page:

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENTS

TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF PUBLIC AID
SUBCHAPTER b: ASSISTANCE PROGRAMS

PART 114

GENERAL ASSISTANCE

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114.125 Employment and Training Program Orientation
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SUBPART I: TRANSITIONAL CHILD CARE

Section
114.500 Transitional Child Care Eligibility
114.504 Duration of Eligibility for Transitional Child Care
114.506 Loss of Eligibility for Transitional Child Care
114.508 Qualified Provider
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114.512 Participant Rights and Responsibilities
114.514 Child Care Overpayments and Recoveries
114.516 Fees for Service for Transitional Child Care
114.518 Rates of Payment for Transitional Child Care

AUTHORITY: Implementing Article VI and authorized by Section 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1989, ch. 23, pars. 6-1 et seq. and 12-13)

SOURCE: Filed effective December 30, 1977; peremptory amendment at 2 Ill. Reg. 17, p. 117, effective February 1, 1978; amended at 2 Ill. Reg. 31, p. 134, effective August 5, 1978; emergency amendment at 2 Ill. Reg. 37, p. 4, effective August 30, 1978, for a maximum of 150 days; peremptory amendment at 2 Ill. Reg. 46, p. 44, effective November 1, 1978; peremptory amendment at 2 Ill. Reg. 46, p. 56, effective November 1, 1978; emergency amendment at 3 Ill. Reg. 16, p. 41, effective April 9, 1979, for a maximum of 150 days; emergency amendment at 3 Ill. Reg. 28, p. 182, effective July 1, 1979, for a maximum of 150 days; amended at 3 Ill. Reg. 33, p. 399, effective August 18, 1979; amendment at 3 Ill. Reg. 33, p. 415,

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effective August 18, 1979; amended at 3 Ill. Reg. 38, p. 243, effective September 21, 1979, peremptory amendment at 3 Ill. Reg. 38, p. 321, effective September 7, 1979; amended at 3 Ill. Reg. 40, p. 140, effective October 6, 1979; amended at 3 Ill. Reg. 46, p. 36, effective November 2, 1979; amended at 3 Ill. Reg. 47, p. 96, effective November 13, 1979; amended at 3 Ill. Reg. 48, p. 1, effective November 15, 1979; peremptory amendment at 4 Ill. Reg. 9, p. 259, effective February 22, 1980; amended at 4 Ill. Reg. 10, p. 258, effective February 25, 1980; amended at 4 Ill. Reg. 12, p. 551, effective March 10, 1980; amended at 4 Ill. Reg. 27, p. 387, effective June 24, 1980; emergency amendment at 4 Ill. Reg. 29, p. 294, effective July 8, 1980, for a maximum of 150 days; amended at 4 Ill. Reg. 37, p. 797, effective September 2, 1980; amended at 4 Ill. Reg. 37, p. 800, effective September 2, 1980; amended at 4 Ill. Reg. 45, p. 134, effective October 27, 1980; amended at 5 Ill. Reg. 766, effective January 2, 1981; amended at 5 Ill. Reg. 1134, effective January 26, 1981; peremptory amendment at 5 Ill. Reg. 5722, effective June 1, 1981; amended at 5 Ill. Reg. 7071, effective June 23, 1981; amended at 5 Ill. Reg. 8041, effective July 27, 1981; amended at 5 Ill. Reg. 8052, effective July 24, 1981; peremptory amendment at 5 Ill. Reg. 8106, effective August 1, 1981; peremptory amendment at 5 Ill. Reg. 10062, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10079, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10095, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10113, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10124, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10131, effective October 1, 1981; amended at 5 Ill. Reg. 10730, effective October 1, 1981; amended at 5 Ill. Reg. 10733, effective October 1, 1981; amended at 5 Ill. Reg. 10760, effective October 1, 1981; amended at 5 Ill. Reg. 10767, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 11647, effective October 16, 1981; peremptory amendment at 6 Ill. Reg. 611, effective January 1, 1982; amended at 6 Ill. Reg. 1216, effective January 14, 1982; emergency amendment at 6 Ill. Reg. 2447, effective March 1, 1982, for a maximum of 150 days; peremptory amendment at 6 Ill. Reg. 2452, effective February 11, 1982; peremptory amendment at 6 Ill. Reg. 6475, effective May 18, 1982; peremptory amendment at 6 Ill. Reg. 6912, effective May 20, 1982; emergency amendment at 6 Ill. Reg. 7299, effective June 2, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 8115, effective July 1, 1982; amended at 6 Ill. Reg. 8142, effective July 1, 1982; amended at 6 Ill. Reg. 8159, effective July 1, 1982; amended at 6 Ill. Reg. 10970, effective August 26, 1982; amended at 6 Ill. Reg. 11921, effective September 21, 1982; amended at 6 Ill. Reg. 12293, effective October 1, 1982;

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amended at 6 Ill. Reg. 12318, effective October 1, 1982; amended at 6 Ill. Reg. 13754, effective November 1, 1982; rules repealed, new rules adopted and codified at 7 Ill. Reg. 907, effective January 7, 1983; amended (by adding Sections being codified with no substantive change) at 7 Ill. Reg. 5195; amended at 7 Ill. Reg. 9909, effective August 5, 1983; amended (by adding section being codified with no substantive change) at 7 Ill. Reg. 14747; amended (by adding section being codified with no substantive change) at 7 Ill. Reg. 16107; amended at 7 Ill. Reg. 16408, effective November 30, 1983; amended at 7 Ill. Reg. 16652, effective December 1, 1983; amended at 8 Ill. Reg. 243, effective December 27, 1983; amended at 8 Ill. Reg. 5233, effective April 9, 1984; amended at 8 Ill. Reg. 6764, effective April 27, 1984; amended at 8 Ill. Reg. 11435, effective June 7, 1984; amended at 8 Ill. Reg. 13319, effective July 16, 1984; amended at 8 Ill. Reg. 16237, effective August 24, 1984; amended (by adding sections being codified with no substantive change) at 8 Ill. Reg. 17896; amended at 9 Ill. Reg. 314, effective January 1, 1985; emergency amendment at 9 Ill. Reg. 823, effective January 3, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 9557, effective June 5, 1985; amended at 9 Ill. Reg. 10764, effective July 5, 1985; amended at 9 Ill. Reg. 15800, effective October 16, 1985; amended at 10 Ill. Reg. 1924, effective January 17, 1986; amended at 10 Ill. Reg. 3660, effective January 30, 1986; emergency amendment at 10 Ill. Reg. 4646, effective February 3, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 4896, effective March 7, 1986; amended at 10 Ill. Reg. 10681, effective June 3, 1986; amended at 10 Ill. Reg. 11041, effective June 5, 1986; amended at 10 Ill. Reg. 12662, effective July 14, 1986; amended at 10 Ill. Reg. 15118, effective September 5, 1986; amended at 10 Ill. Reg. 15640, effective September 19, 1986; amended at 10 Ill. Reg. 19079, effective October 24, 1986; amended at 11 Ill. Reg. 2307, effective January 16, 1987; amended at 11 Ill. Reg. 5297, effective March 11, 1987; amended at 11 Ill. Reg. 6238, effective March 20, 1987; emergency amendment at 11 Ill. Reg. 12449, effective July 10, 1987, for a maximum of 150 days; emergency amendment at 11 Ill. Reg. 12948, effective August 1, 1987, for a maximum of 150 days; emergency amendment at 11 Ill. Reg. 18311, effective November 1, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 18689, effective November 1, 1987; emergency amendment at 11 Ill. Reg. 18791, effective November 1, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 20129, effective December 4, 1987; amended at 11 Ill. Reg. 20889, effective December 14, 1987; amended at 12 Ill. Reg. 889, effective January 1, 1988; SUBPARTS C, D and E recodified to SUBPARTS E, F and G at 12 Ill. Reg. 2147; Section 114.110 recodified to Section 114.52 at 12 Ill. Reg. 2984; amended at 12 Ill. Reg. 3505, effective January 22, 1988; amended at 12

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Ill. Reg. 6170, effective March 18, 1988; amended at 12 Ill. Reg. 6719, effective March 22, 1988; amended at 12 Ill. Reg. 9108, effective May 20, 1988; amended at 12 Ill. Reg. 9699, effective May 24, 1988; amended at 12 Ill. Reg. 9940, effective May 31, 1988; amended at 12 Ill. Reg. 11474, effective June 30, 1988; amended at 12 Ill. Reg. 14255, effective August 30, 1988; emergency amendment at 12 Ill. Reg. 14364, effective September 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 16729, effective September 30, 1988; amended at 12 Ill. Reg. 20171, effective November 28, 1988; amended at 13 Ill. Reg. 89, effective January 1, 1989; amended at 13 Ill. Reg. 1546, effective January 20, 1989; amended at 13 Ill. Reg. 3900, effective March 10, 1989; amended at 13 Ill. Reg. 8580, effective May 20, 1989; emergency amendment at 13 Ill. Reg. 16169, effective October 2, 1989 for a maximum of 150 days; emergency expired March 1, 1990; amended at 13 Ill. Reg. 16015, effective October 6, 1989; amended at 14 Ill. Reg. 746, effective January 1, 1990; amended at 14 Ill. Reg. 3640, effective February 23, 1990; amended at 14 Ill. Reg. 6360, effective April 16, 1990; amended at 14 Ill. Reg. 10929, effective June 20, 1990; amended at 14 Ill. Reg. 13215, effective August 6, 1990; amended at 14 Ill. Reg. 13777, effective August 10, 1990; amended at 14 Ill. Reg. 14162, effective August 17, 1990; amended at 14 Ill. Reg. 17111, effective September 30, 1990; amended at 15 Ill. Reg. 288, effective January 1, 1991; amended at 15 Ill. Reg. 5710, effective April 10, 1991; amended at 15 Ill. Reg. 11164, effective August 1, 1991; emergency amendment at 15 Ill. Reg. 15144, effective October 7, 1991, for a maximum of 150 days.

NOTE: CAPITALIZATION DENOTES STATUTORY LANGUAGE

SUBPART A: GENERAL PROVISIONS

Section 114.1 Description of the Assistance Program
EMERGENCY

General Assistance--financial and medical assistance available to eligible needy families or individuals who are ineligible to receive assistance through a categorical or Federal Assistance Program. See 89 Ill. Adm. Code 140.5 for covered medical services.

- a) General Assistance is provided to eligible families and to pregnant women, as defined in Section 114.400, through the Children and Family Assistance program. Assistance is provided

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Section 114.1 Description of the Assistance Program (Cont'd)
EMERGENCY

without regard to any limitation on the number of months an eligible family or pregnant woman may receive such benefits.

- b) General Assistance is provided to individual adults, as defined in 89 Ill. Adm. Code 114.400, through the Transitional Assistance program, with the following limitations.

1) For the fiscal year beginning July 1, 1991, individuals receiving Transitional Assistance may only receive such assistance for nine calendar months. Receipt of General Assistance or Transitional Assistance for any month in Fiscal Year 1991, July 1991 through June 1992, shall count towards this limitation.

2) Beginning July 1, 1992, eligible individuals may only receive Transitional Assistance for any six months out of any 12 consecutive calendar month period.

3) Transitional assistance shall not be continued pending a final decision in an appeal past the nine month or six month limitations in subsections (b)(1) and (2) above under any circumstances.

4) Notwithstanding subsections (b)(1) and (2) above, eligible individuals may qualify for Transitional Assistance without regard to any limitations on the number of months of eligibility during any time period if the individual is determined to be not employable pursuant to 89 Ill. Adm. Code 114.2.

(Source: Emergency amendment at 15 Ill. Reg. 15144, effective October 7, 1991, for a maximum of 150 days)

Section 114.2 Determination of Not Employable
EMERGENCY

- a) Unless determined not employable pursuant to this Section, a client who receives Transitional Assistance shall be considered employable.

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Section 114.2 Determination of Not Employable (Cont'd)
EMERGENCY

- b) A client shall be determined not employable if determined to meet one of the following criteria:

1) Age 55 or over and has not had gross earnings totaling \$2,000 or more in the past year and also has not earned at least \$200 a month in seven of the last twelve months;

2) Serious medical, physical or mental problem which prevents the client from working, including alcohol or other substance abuse;

3) Needed at home to care for another person, as determined by a medical provider; or

4) Does not have a high school diploma, or GED, and has not had gross earnings totaling \$2,000 or more in the past year and also has not earned at least \$200 a month in three of the last twenty-four months and who cannot read at the 5.9 grade level. Under this last category of not employable, if a client has not attained the required reading level after receiving Transitional Assistance for twelve months, the client will then be deemed employable, unless not employable under a different criteria.

c) If a client claims to be unable to work due to a serious medical, physical or mental problem, a determination of eligibility for Interim Assistance shall first be made. (See 89 Ill. Adm. Code 113.400 et seq.). The determination of more likely than not eligible for SSI made under the Interim Assistance program shall constitute the determination of whether a client is not employable. The client must cooperate in the eligibility process for Interim Assistance, including but not limited to applying for SSI and cooperating with any requirements of the SSI Advocacy program, in order to be eligible either for Interim Assistance or Transitional Assistance.

d) If the client is determined to be more likely than not eligible for SSI, the client shall be entitled to Interim Assistance. If the client is determined to be not more likely than not eligible for SSI, this shall

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Section 114.2 Determination of Not Employable (Cont'd)
EMERGENCY

constitute a determination that the client is employable.

- e) An Interim Assistance recipient who is later determined not disabled by the Social Security Administration, and therefore ineligible for SSI, loses eligibility for Interim Assistance. However, that client shall continue to be considered not employable for purposes of Transitional Assistance until determined otherwise.

(Source: Emergency rule added at 15 Ill. Reg. 15144, effective October 7, 1991, for a maximum of 150 days)

SUBPART B: NON-FINANCIAL FACTORS OF ELIGIBILITY

Section 114.60 Work Registration Requirements (Outside City
EMERGENCY of Chicago only)

- a) As a condition of eligibility, all applicants for and recipients of General Assistance, 16 18 years of age or over and through age 59, who are not exempt shall maintain current registration for employment with Job Service in Illinois.
- b) Registration with Job Service shall be considered current if the individual has registered or extended registration for employment within the last 60 days. For downstate GA Units in areas where there are no Job Service offices and registration is accomplished through Job Service's itinerant service, registration shall be considered current if the individual has registered for employment on the most recent itinerant service date in that county.

(Source: Emergency amendment at 15 Ill. Reg. 15144, effective October 7, 1991, for a maximum of 150 days)

Section 114.61 Individuals Exempt From Work Registration
EMERGENCY Requirements (Outside City of Chicago only)

An individual is exempt from the Job Service registration requirement when that individual:

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Section 114.61 Individuals Exempt From Work Registration
EMERGENCY Requirements (Outside City of Chicago only)
(Cont'd)

- a) Is a child under 16 18 years of age (does not apply to persons under 16 18 years of age who are included in the assistance unit as adults);
- b) Is a child 16 or 17 years of age in full-time school attendance (does not apply to persons 16 or 17 years of age who are included in the assistance unit as adults);
- e) Is medically exempt as determined by the Department based on a report from a physician or psychologist (pursuant to the Psychologist Registration Act, Ill. Rev. Stat. 1983, ch. 111, par. 5311 et seq.) and relevant social information.
- d) Is 65-60 years of age or older;
- e) Has another household member who requires the full-time care of this individual;
- f) Has a child under age 6 in the home for whom that individual must provide care;
- g) Is full-time employed (100 hours a month or more);
- h) Meets the General Assistance Jobs Program requirements in the City of Chicago (see Section 114.100);
- i) Is a full-time VISTA volunteer under Title I of the 1973 Domestic Volunteer Services Act who was a recipient of public assistance under Article VI of the "Illinois Public Aid Code", (Ill. Rev. Stat. 1983, ch. 23, pars. 6-1 et seq.) when he/she joined VISTA, or is a full-time volunteer under Title II (i.e., foster grandparents, senior health aides, senior companions, or persons serving in the Senior Corps of Retired Executives (SCORE) and Active Corps of Executives (ACE)) of the Act.

(Source: Emergency amendment at 15 Ill. Reg. 15144, effective October 7, 1991, for a maximum of 150 days)

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Section 114.62 Job Service Registration (Outside City of Chicago only)
EMERGENCY

- a) Nonexempt GA clients must maintain current registration with Job Service as a condition of eligibility for assistance. Failure to register or willfully present oneself to Job Service by a nonexempt client receiving assistance in an Adult GA case (one person case) as defined in Rule 2.01 renders the case ineligible for assistance for as long as the refusal persists. Failure to register or willfully present oneself to Job Service by a nonexempt individual receiving assistance in a Family GA case, as defined in Rule 2.01, renders only that individual ineligible for assistance. Such individual shall be ineligible for assistance for only as long as the refusal persists.

- b) Nonexempt individuals who are otherwise eligible to be added to an existing GA grant must be currently registered with Job Service before assistance will be authorized.

(Source: Emergency amendment at 15 Ill. Reg. 15144., effective October 7, 1991, for a maximum of 150 days)

Section 114.63 Failure to Maintain Current Job Service Registration (Outside City of Chicago only)
EMERGENCY

- a) Nonexempt GA caretakers as defined in 89 Ill. Adm. Code 101.20 or Rule 2.01 must maintain current registration with Job Service as a condition of eligibility for the entire assistance unit. Failure to register or willfully presenting oneself to Job Service as unavailable for employment shall result in denial or cancellation of assistance for the entire assistance unit for only as long as the refusal persists.

- b) If a nonexempt GA client in an Adult GA case fails or refuses to seek or accept employment, he shall be ineligible to receive assistance for only as long as the refusal persists. If a nonexempt GA client in a Family GA case fails or refuses to seek or accept employment, he shall be ineligible to receive assistance for only as long as the refusal persists.

(Source: Emergency amendment at 15 Ill. Reg. 15144., effective October 7, 1991, for a maximum of 150 days)

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Section 114.64 Responsibility to Seek Employment (Outside City of Chicago only)
EMERGENCY

- a) In addition to maintaining current registration with Job Service, all non-exempt clients must accept employment referrals from Job Service and accept an offer of suitable and available employment as a condition of eligibility. In order to be a suitable and available offer of employment:

- 1) There must be a definite offer of employment at wages meeting any applicable minimum wage requirements and which are customary for such work in the community; and
- 2) There is no question as to the individual's ability to engage in such employment for physical reasons or because he has no way to get to or from the particular job; and
- 3) There is no question as to working conditions, such as risks to health, safety, or lack of workers' compensation protection.

- b) If a nonexempt GA caretaker fails or refuses to seek or accept employment, the entire assistance unit shall be ineligible for assistance for only as long as the refusal persists.

- c) If a nonexempt client other than the caretaker in family cases fails or refuses to seek or accept employment, that individual shall be ineligible for assistance.

(Source: Emergency amendment at 15 Ill. Reg. 15144., effective October 7, 1991, for a maximum of 150 days)

Section 114.70 Initial Employment Expenses (Outside City of Chicago only)
EMERGENCY

- a) Carfare for transportation to employment referrals shall be authorized by the Department on request. Initial employment expenses shall be authorized if the individual secures employment but due to lack of funds would be unable to accept the job. Initial employment expenses shall be authorized to cover such items as special clothing and tools.

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Section 114.70 Initial Employment Expenses (Outside City of Chicago only) (Cont'd)

EMERGENCY

- b) Initial employment expenses may be authorized up to the receipt of the first paycheck only.

(Source: Emergency amendment at 15 Ill. Reg. 15144, effective October 7, 1991, for a maximum of 150 days)

Section 114.80 Downstate General Assistance Work and Training Programs

EMERGENCY

- a) All nonexempt GA clients outside the City of Chicago shall accept assignment with Work and Training Program as a condition of eligibility for General Assistance, unless there is good cause for exception. Good cause for exception includes but is not limited to:

- 1) there is an unreasonable degree of risk to the client's health and safety; or
- 2) the client is not physically or mentally competent to perform the work; or
- 3) the assignment is not within reasonable distance of the client's home. (Commuting time would represent more than 25% of the client's work time.)

- b) Work and Training Projects

- 1) The local governmental unit shall cooperate with State and local agencies in establishing employment and training projects and shall itself establish projects when necessary. Such projects shall provide employment and training in one or a number of local units. Projects shall be approved pursuant to Section 9-6 of the Illinois Public Aid Code by the Department. In local governmental units receiving State funds, projects shall be established and approved within 30 days of the date the unit begins to receive State funds. If a GA receiving unit fails to have a project in operation within 30 days, further allocation of State funds may be denied.

- 2) If a GA Unit has tried to establish a work project but has been unsuccessful, the GA Unit

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Section 114.80 Downstate General Assistance Work and Training Programs (Cont'd)

EMERGENCY

may request an exception to the requirement of having a work project. The Department will review the request, and grant an exception to the requirement if there is good cause for the unit's inability to establish a work project, and the unit has tried unsuccessfully to establish a project in cooperation with other local governmental units and/or agencies. Good cause in such instances includes, but is not limited to, inability to locate a sponsor, inability to obtain worker's compensation insurance or small caseload size where a work project would not be cost effective. When an exception is granted it will be reviewed every six (6) months to determine if the GA Unit continues to qualify for the exception.

- c) If the recipient fails or refuses to cooperate with Work and Training Program requirements as set out in Section 9-6 of the Illinois Public Aid Code, the case will be cancelled due to non-cooperation. The client will be ineligible to receive general assistance benefits for a sanction period of three (3) payment months.

(Source: Emergency amendment at 15 Ill. Reg. 15144, effective October 7, 1991, for a maximum of 150 days)

SUBPART D: PROJECT CHANCE

Section 114.120

EMERGENCY

Employment, and Training, Rehabilitation, and Adviseeey for General Transitional Assistance Programs Administered by the Illinois Department of Public Aid

- a) Sections 114.121 through 114.130, apply to General Transitional Assistance (GA) cases in the City of Chicago consisting of only adults-age-18-or-over. This Part of the rules provides for a system of employment, and training, rehabilitation, and adviseeey services for Transitional General Assistance clients. To the extent that any of these Sections conflict with other Sections in this Part, these Sections shall control for such persons.

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SUBPART D: PROJECT CHANCE

Section 114.120
EMERGENCY

Employment, and Training, Rehabilitation, and Advisee for General Transitional Assistance Programs Administered by the Illinois Department of Public Aid (Cont'd)

- b) Adult-GA-recipients who have filed for Supplemental Security Income (SSI) or who claim to be chronically medically unable to engage in employment and training programs shall receive an employability determination by the Department (see Section 114.121(c)).
- e) Clients found employable shall be referred to Project Chance.
- d) Clients found able to participate in employment and training (employable) but who have drug alcohol or mentally related barriers to employment shall be referred for rehabilitation services. Clients referred for rehabilitation to overcome these employment barriers are excused from participation in employment, training or education programs to the extent necessitated by their treatment (see Section 114.123).
- e) Clients found chronically medically unable to engage in employment and training programs shall be referred for SSI Advisee. Clients who have not already filed an SSI application are required to file for SSI. The SSI Advisee Unit shall file on their behalf as an authorized representative if necessary.
- f) The determination of a client's eligibility for General Assistance shall not be delayed by the Department's medical employability determination.
- g) Cash and medical assistance shall be authorized as explained below:
 - 1) Persons who shall receive a GA grant of \$154, plus special needs and full Medicaid benefits are those who have filed for SSI and
 - A) are pending a medical employability determination by the Department or
 - B) have been determined medically unable to participate in Project Chance employment and

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EMERGENCY

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training programs by the Department.

- 2) The following persons shall receive a GA grant of \$154 and full Medicaid benefits
 - a) Persons who have filed for SSI and have been found employable and able to participate in Project Chance employment and training programs or are unable to participate and have been referred for rehabilitation services.
- 3) The remaining General Assistance clients who do not meet the criterion established above, receive a GA grant of \$154 and GA medical services.
 - a) Persons pending an employability determination or found chronically medically unable to engage in employment and training programs by the Department and who have an SSI application pending, are eligible to receive the following special needs.
 - 1) Telephone
 - A) The cost of a telephone and installation charges is allowed at the minimum community rate when the client has no access to a telephone and the service is essential because of illness.
 - B) No allowance is made for security deposits or past due bills.
 - 2) Laundry
 - A) A laundry allowance shall be provided when
 - 1) neither the client nor any member of the household is physically able to do the laundry, no relative is available and housekeeping services are not provided or

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Section 114.120 Employment, and Training, Rehabilitation, and Advice for General Transitional Assistance Programs Administered by the Illinois Department of Public Aid (Cont'd)

- ii) there are no facilities for washing or drying in the home, or
 iii) a recipient in the home is incontinent or bedfast.

B) The Department shall provide an allowance for laundry in an amount of \$3.18.

3) Shopping Allowance

The Department shall provide an allowance for shopping service in an amount not to exceed \$5.00 when the client is unable to shop and there is no one available to do it without charge.

4) Therapeutic Diet Allowance

A) A therapeutic diet allowance is allowed to supplement the regular food allowance when the diet is prescribed by a physician.

B) Standard therapeutic diet allowances provided are:

Type of Diet	Amount
i) Ulcer (and other chronic conditions requiring a bland low residue diet)	\$-5.95
ii) Diabetic --- less than 1700 calories --- adult	\$-7.92
iii) Diabetic --- 1700 calories or more --- adults	\$17.82
iv) High protein - High calorie High vitamin	\$12.85

C) Approval of an allowance in a different amount or when only a partial food allowance is authorized or for a non standard diet requires approval of the Department.

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Section 114.120 Employment, and Training, Rehabilitation, and Advice for General Transitional Assistance Programs Administered by the Illinois Department of Public Aid (Cont'd)

Nonstandard diets are approved by the Bureau of Provider Services (Bureau) on a case-by-case basis. The Bureau approves the additional allowance if, in the opinion of the dietitian, the diet requested is medically indicated for the recipient's condition. Information is provided on a standardized form, including the diagnosis and the type of diet requested, the form must be signed by a licensed physician. A dietitian consultant reviews the request by comparing the cost of the special foods requested with the cost of normal foods. The Bureau then determines whether to approve the additional allowance, rather than the diet itself.

5) Restaurant Allowance

An allowance for meals in restaurants shall be allowed when a client has no facilities for the preparation of food or is unable to cook, and has no one who will prepare meals.

A) The allowance for three meals per day, seven days per week in a restaurant is \$63.95 monthly.

B) When fewer than three meals per day are required to be eaten in restaurants, the total restaurant allowance is to be authorized for the following amounts:

- i) Breakfast \$12.78
 ii) Lunch \$19.19
 iii) Dinner \$31.98

6) Home-Delivered Meals

An allowance is to be provided for home-delivered meals for clients who are confined to their homes.

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because of illness or incapacity. Allowances provided are:

	-5-Days per-week	-7-Days per-week
A) 1-meal-per-day--		
B) Luneh-only	\$13.70	\$19.21
C) 1-meal-per-day-- Dinner-only	\$22.84	\$31.99
D) 2-meals-per-day-- Luneh-and-Dinner	\$36.54	\$51.16
E) 3-meals-per-day-- Breakfast, Luneh and-Dinner	\$45.68	\$63.95

7) Special Allowance for Blind or Partially-Sighted

The following allowances shall be provided to clients who have applied for assistance based on being partially-sighted or blind:

- A) Repair of a braille writer, radio, or typewriter at the most economical rate.
- B) A guide for recreation or reading service at a monthly rate of \$1.05.
- C) Food for a trained guide dog at a monthly rate of \$13.07.
- D) Additional clothing and personal essentials for months in which the client is in attendance at the Illinois Visually Handicapped Institute at a monthly rate of \$21.00.

8) Persons in Project-Chance who file an SSI application or who Project-Chance staff identify as being potentially chronically-medically-unable to

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Section 114.120 EMERGENCY Employment, and Training, Rehabilitation, and Advceay for General Transitional Assistance Programs Administered by the Illinois Department of Public Aid (Cont'd)

participate in employment and training (see Section 114.121(e)). shall be referred for an employability determination. Persons found chronically-medically unable to engage in employment and training programs shall be referred to the SSI Advceay Program. Persons who are able to participate in employment and training but who are identified by Project-Chance staff as in need of Rehabilitation Services to overcome barriers to employment shall be referred for Work-Rehabilitation Services.

(Source: Emergency amendment at 15 Ill. Reg. 15144, effective October 7, 1991, for a maximum of 150 days)

Section 114.121 EMERGENCY Persons Required to Participate in Employment and Training Project Chance

All adult recipients of General Transitional Assistance in a program administered by the Department shall be required to participate in employment and training programs as a condition of eligibility for General Assistance with the following exceptions:

- a) individuals age 60 or over;
- b) individuals receiving General Assistance in assistance units consisting of both adults and children through the Children and Family Assistance program in which case such persons shall be subject to 89 Ill. Adm. Code 112.70 through 112.76 (AFDC Project Chance Program);
- c) individuals found chronically medically unable to participate in employment and training programs. An individual is chronically medically unable to participate in employment and training programs as determined by the Department when a physician or licensed/certified psychologist finds that a physical or mental impairment (or combination of impairments), either by itself or in conjunction with age or other factors, prevents the individual from engaging in employment or training programs. This determination will be made by considering whether the physical or

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Section 114.121 Persons Required to Participate in
Employment-and-Training Project Chance
 EMERGENCY (Cont'd)

mental impairment can be expected to last at least six (6) months and whether the physical or mental impairment (or combination of impairments) would make it difficult for the client to attend classes or training, or to seek a job in person or make success in a training program unlikely or make successful performance of a full-time job unlikely. In making this determination, a client's age and lack of education shall be considered;

- d) homeless persons. Under this exemption, a homeless person is someone who has no current residence and no expectation of acquiring a residence in the next thirty (30) days. This definition excludes individuals who are living with friends or relatives on a continuing basis. This definition includes persons residing in overnight or transitional shelters;
- e) individuals who are participating and cooperating in a rehabilitation service program under Section 114.123;
- f) persons who are temporarily ill.

- 1) An individual is temporarily ill, when determined by the Department, on the basis of medical evidence or on another sound basis, that the illness/injury is serious enough to temporarily prevent the individual from engaging in employment or participating in Project Chance. A sound basis for exemption on a temporary basis includes but is not limited to:

- A) the observation of a cast on a broken leg; or
- B) information of a scheduled surgery or recuperation from surgery.
- 2) minor ailments and injuries such as colds, broken fingers or rashes are not serious enough normally to exempt the individual under this criterion.
- g) persons who have another household member who requires the full-time care of the client; and

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Section 114.121 Persons Required to Participate in
Employment-and-Training Project Chance
 EMERGENCY (Cont'd)

- h) persons who are full-time VISTA volunteers under Title I of the 1973 Domestic Volunteer Services Act (42 U.S.C. 4951 et seq.) who were a recipient of public assistance under Article VI of the Illinois Public Aid Code (Ill. Rev. Stat. 1985, ch. 23, pars. 6-1 et seq.) when they joined VISTA, or are a full-time volunteer under Title II (i.e., foster grandparents, senior health aides, senior companions, or persons serving in the Senior Corps of Retired Executives (SCORE) (15 U.S.C. 637 et seq.) and Active Corps of Executives (ACE) of the Act (15 U.S.C. 637 et seq.).

(Source: Emergency amendment at 15 Ill. Reg. 15144, effective October 7, 1991, for a maximum of 150 days)

Section 114.122 Advocacy Program for Persons Who Have
Applied for Supplemental Security Income
 EMERGENCY (SSI) Under Title XVI of the Social Security Act (Repealed)

- a) The Department shall determine if a client who has applied for SSI under Title XVI of the Social Security Act, is chronically medically unable to participate in employment and training programs. For those so determined, the Department shall establish an advocacy program to help the client pursue the SSI application and, if the client is found ineligible for SSI initially, to help the client pursue the SSI reconsideration and appeal process. Such clients shall not be required to participate in or cooperate with any other employment, training or rehabilitation program as a condition of eligibility for assistance. Recipients found to be not chronically medically unable to participate in the employment and training program by the Department but who have an application for SSI pending shall be required to participate and cooperate in employment and training programs as a condition of eligibility for General Assistance.

- b) Clients who have applied for SSI but who are determined not chronically medically unable to participate in employment and training programs may appeal this determination. The client will not be required to participate in employment and training

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Section 114.122
EMERGENCY

Advocacy Program for Persons Who Have Applied for Supplemental Security Income (SSI) Under Title XVI of the Social Security Act (Repealed) (Cont'd)

- 4 programs or in work-rehabilitative services until the time for appeal (60 days) has expired or, if the client has appealed, the appeal decision has been issued.
- e) Recipients found not chronically-medically-unable to participate in employment and training programs and who have an SSI application pending, may volunteer for participation in the Advocacy program.
- d) Responsibilities of the SSI Advocacy Unit include but are not limited to:
 - 1) Assisting the client in completing all forms required for the SSI process.
 - 2) Assisting the client in securing and providing all medical information required for the SSI process.
 - 3) Ensuring that the client attends all scheduled SSI appointments including issuing carfare or arranging for other transportation when necessary.
 - 4) Contacting the Social Security Administration (SSA) to request rescheduling of a client's appointment, when required.
 - 5) Maintaining contact with the SSA regarding the status of the SSI application.
 - 6) Documenting all contacts with the client or SSA.
 - 7) Initiating the SSI appeal/reconsideration process if the SSI application is denied, through the Administrative Law Judge level.
 - 8) Referring the case for assistance under the Aid to the Aged, Blind or Disabled (AABD) Program upon approval of the SSI application, and advising the CA office to cancel the CA case.

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Advocacy Program for Persons Who Have Applied for Supplemental Security Income (SSI) Under Title XVI of the Social Security Act (Repealed) (Cont'd)

- 9) Follow-up after a decision by the Administrative Law Judge, including obtaining a copy of the decision and referring the case for appropriate re-evaluation in the case of a decision by the Administrative Law Judge that the client is not disabled or blind, and
 - 10) Maintaining statistics on case referrals, actions taken and dispositions.
 - e) The Department accepts the finding of the Administrative Law Judge (ALJ) as final. If the ALJ finds the client "not disabled" or "not blind," the levels of cash and medical assistance will be adjusted in accordance with Section 114.120. The client shall be reevaluated to determine if the client remains chronically-medically-unable to participate in employment and training programs. The client will be evaluated for placement in employment and training programs, work rehabilitation services or SSI Advocacy. The client will be placed in SSI Advocacy a second time only if:
 - 1) there is a change in the client's medical condition supported by medical documentation;
 - 2) there is a change in other factors such as age or work experience that make it more likely the client would now be found disabled by SSA; or
 - 3) there is a determination that better representation might result in a finding of disability.
- (Source: Emergency repealer at 15 Ill. Reg. 15144, effective October 7, 1991, for a maximum of 150 days)
- Section 114.123 Persons in Need of Work Rehabilitative Services (WRS) to Become Employable (Repealed)
- a) The Department shall establish or make use of existing Drug or Alcohol Abuse programs to help recipients of

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Section 114.123

Persons in Need of Work Rehabilitative Services (WRS) to Become Employable (Repealed) (Cont'd)

General Assistance overcome drug and alcohol related barriers to employment. Clients may be referred to such programs when the Department determines that drug or alcohol abuse is raising a substantial barrier to the client's ability to participate in employment and training programs. However, the client may also voluntarily participate and cooperate in employment or training programs to the extent such participation does not interfere with treatment under the Work Rehabilitative Services (WRS) program.

b) The Department shall also provide or make use of existing services for persons who are mentally incapacitated, and for whom the Department determines such mental incapacity raises a substantial barrier to the client's ability to participate in employment and training programs. However, the client may also be required to participate and cooperate in other employment and training programs under this Section to the extent such participation does not interfere with treatment under the WRS program. Work Rehabilitation services shall be provided to assist the mentally incapacitated to develop their abilities to the greatest extent possible to promote independence and, where possible, develop marketable skills. Referrals will be made to public and private social service agencies, such as the Department of Mental Health and Developmental Disabilities or Goodwill Industries.

e) Using case management techniques, WRS shall work with the client to secure the appropriate service resource. The WRS shall monitor client progress and shall refer the client for Project Chance participation, as appropriate.

d) Clients in WRS shall not be sanctioned for failure to cooperate or an inability to cooperate in WRS programs. If a client fails or is unable to cooperate, the client shall be put into a different WRS program, shall be referred to SSI Advice or shall be placed in Project Chance.

(Source: Emergency repealer at 15 Ill. Reg. 15144, effective October 7, 1991, for a maximum of 150 days)

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Section 114.124

Employment and Training Participation/ Cooperation Requirements
EMERGENCY

a) The Department shall establish employment and training programs for recipients in General Assistance programs administered by the Department. All General Assistance recipients not exempt under Section 114.121, shall participate and cooperate in Department employment and training programs. The client will be given, in writing, the participation requirements for each component to which the client is assigned. Section 114.123, may voluntarily participate and cooperate in employment and training, to the extent such participation does not interfere with treatment under the WRS program. These employment and training programs include:

- 1) Job Search;
- 2) Pre-Employment;
- 3) Job Club;
- 4) Work Experience; and
- 5) Special Projects.

b) The client may be required to participate in such employment and training programs for up to five (5) days per week and forty (40) hours per week. The amount of time the client is required to participate in the employment and training programs shall not be limited by the client's grant amount or by the relation of the grant amount to the hours of participation and applicable minimum wage, except that work experience jobs shall be limited to hours reflecting the grant amount, food stamps and minimum wage as defined in Section 114.127(d)(3).

c) A mandatory registrant is required to participate in Project Chance by:

- 1) Cooperating with Project Chance. Cooperation with Project Chance is defined as providing information on the individual's background, education level, work history as well as factors affecting employability or ability to meet participation requirements (e.g., health,

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Section 114.124 Employment and Training Participation/
EMERGENCY Cooperation Requirements (Cont'd)

physical or mental limitations, family problems, etc.), appearing for scheduled meetings, and complying with the requirements of Project Chance components identified in Section 114.127.

- 2) Job Contacts in Job Search. Mandatory registrants are required to make twenty (20) acceptable employer contacts in every thirty (30) calendar days while in the Job Search component.
 - A) Ten (10) of the twenty (20) required contacts must be either:
 - i) the completion and return of an application; or
 - ii) a face to face interview with an employer.
 - B) The remaining ten (10) contacts may be any combination of the following:
 - i) the completion and return of an application;
 - ii) a face to face interview with an employer;
 - iii) the completion of a civil service test required for employment with State, Local, or Federal Government;
 - iv) the completion of a Job Service screening test;
 - v) the mailing of a resume with a covering letter to an employer;
 - vi) for union members in good standing, reporting to the union hall;
 - vii) reporting to a day labor hall; and
 - viii) reporting for temporary office service.

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Section 114.124 Employment and Training Participation/
EMERGENCY Cooperation Requirements (Cont'd)

- C) Acceptable contacts are documented by written statements provided to the Project Chance Worker by the registrant. The Project Chance worker may verify the job contact by contacting the employer.
- D) No client shall be sanctioned for failure to make the appropriate number of job contacts if the client has made a good faith effort to make the job contact. Whether a client has made a good faith effort to make the required number and types of contacts is based on all the facts and circumstances of each case.
- E) Good faith effort exists when circumstances beyond the control of the client prevent the client from making the required number of contacts. Good faith effort may include, but is not limited to the following:
 - i) the client appears for a scheduled interview and the employer misses the appointment;
 - ii) the client has less than twenty (20) contacts and/or less than ten (10) interviews or applications, but came reasonably close to the required numbers in an effort to find work;
 - iii) the client fails a civil service or other employment screening test;
 - iv) the client completes an application which is not accepted by the employer; and
 - v) the client's job search performance indicates that he should be in a different Project Chance component or General Assistant component under Sections 114.122 and 114.123.
- 3) Responding to a job referral of suitable employment (i.e., a written statement referring a

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Section 114.124 Employment and Training Participation/
Cooperation Requirements (Cont'd)
EMERGENCY

- mandatory registrant to an employer for a specific position);
- 4) Accepting a bona fide offer of suitable employment. A mandatory registrant must be given the opportunity to explain why an offer of employment was not accepted.
- A) A bona fide offer of suitable employment is where there was a definite offer of employment substantiated by confirmation from the prospective employer at wages meeting any applicable minimum wage requirements and which are customary for such work in the community based on information obtained from the Department of Employment Security; and
- B) Suitable employment must meet the following requirements:
- i) there are no questions as to the mandatory registrant's inability to engage in such employment for medical reasons or because he has no way to get to or from the particular job; and
 - ii) there are no questions of working conditions, such as risks to health, safety, or lack of worker's compensation protection;
 - iii) wages offered must be at least the Federal minimum wage, the State minimum wage, or \$3.35/hour (if neither the Federal nor State minimum wage is applicable);
 - iv) if the wages are offered on a piece-rate basis, the amount the client can reasonably be expected to earn must equal the wages as outlined in Section 114.124(a)(4)(B)(iii) above;
 - v) the mandatory registrant may not be required, as a condition of employment,

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Section 114.124 Employment and Training Participation/
Cooperation Requirements (Cont'd)
EMERGENCY

- to join, resign from, or refrain from joining any legitimate labor organization;
- vi) there is no unreasonable degree of risk to the mandatory registrant's health and safety; and
- vii) the mandatory registrant is physically and mentally competent to perform the work.
- 5) Registering and appearing for any subsequent interviews, at the Department of Employment Security's Job Service offices.
- d) Additionally, after registration is completed, those Project Chance mandatory registrants who are employed must:
- 1) continue their employment; and
 - 2) not reduce their employment (i.e., voluntarily reducing work hours).
- e) Failure to participate/cooperate with the Project Chance requirements listed in this Section will result in sanction as outlined in Section 114.128, if the client has been provided a full assessment. If the client has not received a full assessment and fails to cooperate, the client shall be called in to receive a full assessment.
- (Source: Emergency amendment at 15 Ill. Reg. 15144, effective October 7, 1991, for a maximum of 150 days)
- SUBPART G: OTHER PROVISIONS
- Section 114.400 Persons Who May Be Included In the
Assistance Unit
EMERGENCY
- a) General-Assistance-Family-Children
Assistance cases

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Section 114.400 Persons Who May Be Included In the
EMERGENCY Assistance Unit

- 1) General Assistance cases which include a child or a pregnant woman in the assistance unit are provided assistance through the Children and Family Assistance program ~~classified as family-eases~~. Children and family assistance cases must include at least one eligible child or a pregnant woman. A child is defined as a person who is:
 - A) under age 18, and married, but not living with his/her spouse, or
 - B) age 18, 19 or 20 and is living with his/her natural or adoptive parent, or and is a full time student in a secondary school, or the equivalent level of vocational or technical training and reasonably can be expected to graduate, or complete the program, before reaching age 19.
 - G) under age 18 and not married.
- 2) Only the following adults may be included in a family case:
 - A) a specified relative of the child and the spouse of the specified relative, or
 - B) the legal guardian of the child and the spouse of the legal guardian, or
 - C) the child's parents, regardless of age or marital status.
- b) General-Transitional Assistance adult cases
 - 1) General Assistance cases is provided through the Transitional Assistance program ~~are classified as adult-eases~~ when assistance is being requested by or on behalf of an individual defined by the Department as an adult. An adult is defined as a person who is:
 - A) age 21 or over, or
 - B) married and living with his/her spouse, regardless of age, even if living in the

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Section 114.400 Persons Who May Be Included In the
EMERGENCY Assistance Unit (Cont'd)

- G) age 18, 19 or 20 and not living with his/her natural or adoptive parent, residence of a natural or adoptive parent, or.
 - 2) In an adult Transitional Assistance case, only the eligible individual shall be included in the assistance unit.
 - c) Any person under the age of 18 who does not reside with a parent, legal guardian or spouse is ineligible for Transitional or Children and Family Assistance.
(Source: Emergency amendment at 15 Ill. Reg. 15144, effective October 7, 1991, for a maximum of 150 days)
- Section 114.420 Redetermination of Eligibility
EMERGENCY
- a) For GA Children and Family Assistance cases and Transitional Assistance cases outside the City of Chicago A a redetermination of eligibility shall be conducted every five months.
 - b) For GA Child and Family Assistance cases in the City of Chicago A a redetermination of eligibility shall be conducted every five months unless the recipient is a person(s) included in the case is participating in Project Chance. For recipients such cases participating in Project Chance a redetermination shall be conducted every ten (10) months.
 - c) Transitional Assistance cases in the City of Chicago shall be redetermined as follows:
 - 1) For cases in which the individual has been determined to be not employable, a redetermination shall be completed at least every five months.
 - 2) For cases receiving GA on 7/1/91 and participating in Project Chance, during the fiscal year beginning 7/1/91 a redetermination shall be completed every 10 months.

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Section 114.420 Redetermination of Eligibility (Cont'd)
EMERGENCY

e)d) For all cases when the Department receives information is received which indicates a change in recipient's eligibility or amount of assistance or change of address, a review of eligibility will be conducted within 30 days.

(Source: Emergency amendment at 15 Ill. Reg. 15144, effective October 7, 1991, for a maximum of 150 days)

SECRETARY OF STATE

NOTICE OF CORRECTIONS TO NOTICE ONLY

- 1) Heading of the Part: Regulations under The Illinois Securities Law of 1953
- 2) Code Citation: 14 Ill. Adm. Code 130
- 3) The Notice of Emergency Amendments being corrected appeared at 15 Ill. Reg. 14303, dated October 4, 1991.
- 4) The information being corrected is as follows:
 - 8) Reason for Emergency:

Public Act 87-463 was signed by the Governor on September 12, 1991, the effective date of the Act. The Act amends Sections 8(B) and 8(D) of the Illinois Securities Law of 1953 to provide a fee to fund the Securities Audit and Enforcement Fund. The fund will allow the Securities Department to conduct Audits of entities which are selling securities or offering investment advice to the public in Illinois, especially those entities which hold investors money or securities and are not subject to regulation by any other agency.

The Department through the legislative process worked with the affected entities through the Secretary of State's Securities Advisory Committee and the Securities Industry Association. A summary of the Act is being mailed to all registered dealers and investment advisers, and a copy of the Act has been mailed to industry groups, securities law publishers and self-regulatory organizations.

JOINT COMMITTEE ON ADMINISTRATIVE RULES
STRATTON BUILDING
ROOM A-1
SPRINGFIELD, ILLINOIS
10:00 A.M.
OCTOBER 22, 1991

NOTICE: It is the policy of the Committee to allow only representatives of state agencies to testify orally on any rule under consideration at Committee hearings. If members of the public wish to express their views with respect to a proposed rule, they should submit written comments to the Office of the Joint Committee on Administrative Rules at the following address:

Joint Committee on Administrative Rules
509 South Sixth Street
Room 500
Springfield, Illinois 62701

AGENDA

- I. Approval of September 17, 1991 Minutes
- II. Review of Proposed Agency Rulemaking

Department of Alcoholism and Substance Abuse

1. Subacute Alcoholism and Substance Abuse Treatment Services (77 Ill. Adm. Code 2090)
 - First Notice Published: 15 Ill. Reg. 9785 - 7-5-91
 - Expiration of Second Notice Period: 11-4-91

Attorney General

2. Motor Vehicle Advertising (14 Ill. Adm. Code 475)
 - First Notice Published: 15 Ill. Reg. 6343 - 5-3-91
 - Expiration of Second Notice Period: 11-7-91

Department of Commerce and Community Affairs

3. Enterprise Zone Program (14 Ill. Adm. Code 520)
 - First Notice Published: 15 Ill. Reg. 9787 - 7-5-91
 - Expiration of Second Notice Period: 11-12-91

Department of Conservation

4. White-Tailed Deer Hunting by Use of Bow and Arrow (17 Ill. Adm. Code 670)
 - First Notice Published: 15 Ill. Reg. 10255 - 7-12-91
 - Expiration of Second Notice Period: 11-7-91

JOINT COMMITTEE ON ADMINISTRATIVE RULES

AGENDA

5. Falconry and the Captive Propagation of Raptors (17 Ill. Adm. Code 1590)
 - First Notice Published: 15 Ill. Reg. 11359 - 8-9-91
 - Expiration of Second Notice Period: 11-12-91

Department of Employment Security

6. Payment of Benefits (56 Ill. Adm. Code 2830)
 - First Notice Published: 15 Ill. Reg. 10871 - 7-26-91
 - Expiration of Second Notice Period: 10-28-91

7. Wages (56 Ill. Adm. Code 2730)
 - First Notice Published: 15 Ill. Reg. 9817 - 7-5-91
 - Expiration of Second Notice Period: 10-28-91

Illinois Industrial Commission

8. Insurance Regulations (50 Ill. Adm. Code 7100)
 - First Notice Published: 15 Ill. Reg. 6863 - 5-10-91
 - Expiration of Second Notice Period: 10-22-91

Pollution Control Board

9. Groundwater Quality (35 Ill. Adm. Code 620)
 - First Notice Published: 15 Ill. Reg. 4234 - 3-22-91
 - Expiration of Second Notice Period: 10-28-91

10. Water Use Designations and Site Specific Water Quality Standards (35 Ill. Adm. Code 303)
 - First Notice Published: 15 Ill. Reg. 17862 - 11-2-90
 - Expiration of Second Notice Period: 10-28-91

11. General Rules (35 Ill. Adm. Code 101)
 - First Notice Published: 15 Ill. Reg. 9822 - 7-5-91
 - Expiration of Second Notice Period: 11-4-91

12. New Activities in a Setback Zone or Regulated Recharge Area (35 Ill. Adm. Code 616)
 - First Notice Published: 15 Ill. Reg. 9836 - 7-5-91
 - Expiration of Second Notice Period: 11-4-91

13. Regulated Recharge Areas (35 Ill. Adm. Code 617)
 - First Notice Published: 15 Ill. Reg. 9882 - 7-5-91
 - Expiration of Second Notice Period: 11-4-91

14. Introduction (35 Ill. Adm. Code 601)
 - First Notice Published: 15 Ill. Reg. 9829 - 7-5-91
 - Expiration of Second Notice Period: 11-4-91

JOINT COMMITTEE ON ADMINISTRATIVE RULES

AGENDA

15. Existing Activities in a Setback Zone or Regulated Recharge Area (35 Ill. Adm. Code 615)
 -First Notice Published: 15 Ill. Reg. 10303 - 7-12-91
 -Expiration of Second Notice Period: 11-4-91

Department of Professional Regulation

16. Veterinary Medicine and Surgery Practice Act (68 Ill. Adm. Code 1500)
 -First Notice Published: 15 Ill. Reg. 8635 - 6-14-91
 -Expiration of Second Notice Period: 11-14-91

Department of Public Aid

17. Medical Payment (89 Ill. Adm. Code 140.71)
 -First Notice Published: 14 Ill. Reg. 20170 - 12-21-90
 -Expiration of Second Notice Period: 10-25-91

18. Medical Payment (89 Ill. Adm. Code 140)
 -First Notice Published: 15 Ill. Reg. 9885 - 7-5-91
 -Expiration of Second Notice Period: 10-25-91

19. Aid to the Aged, Blind or Disabled (89 Ill. Adm. Code 113)
 -First Notice Published: 15 Ill. Reg. 10889 - 7-26-91
 -Expiration of Second Notice Period: 11-12-91

20. Crisis Assistance (89 Ill. Adm. Code 116)
 -First Notice Published: 15 Ill. Reg. 10897 - 7-26-91
 -Expiration of Second Notice Period: 11-12-91

21. Aid to Families with Dependent Children (89 Ill. Adm. Code 112)
 -First Notice Published: 15 Ill. Reg. 10564 - 7-19-91
 -Expiration of Second Notice Period: 11-18-91

Department of Public Health

22. Long-Term Care for Under Age 22 Facilities Code (77 Ill. Adm. Code 390)
 -First Notice Published: 15 Ill. Reg. 4309 - 3-22-91
 -Expiration of Second Notice Period: 10-28-91

23. Sheltered Care Facilities Code (77 Ill. Adm. Code 330)
 -First Notice Published: 15 Ill. Reg. 4338 - 3-22-91
 -Expiration of Second Notice Period: 10-28-91

JOINT COMMITTEE ON ADMINISTRATIVE RULES

AGENDA

24. Skilled Nursing and Intermediate Care Facilities Code (77 Ill. Adm. Code 300)
 -First Notice Published: 15 Ill. Reg. 4367 - 3-22-91
 -Expiration of Second Notice Period: 10-28-91

25. Intermediate Care for the Developmentally Disabled Facilities Code (77 Ill. Adm. Code 350)
 -First Notice Published: 15 Ill. Reg. 4280 - 3-22-91
 -Expiration of Second Notice Period: 10-28-91

26. Emergency Medical Services Code (77 Ill. Adm. Code 535)
 -First Notice Published: 15 Ill. Reg. 8120 - 5-31-91
 -Expiration of Second Notice Period: 11-12-91

27. The Illinois Formulary for the Drug Product Selection Program (77 Ill. Adm. Code 790)
 -First Notice Published: 15 Ill. Reg. 11070 - 8-2-91
 -Expiration of Second Notice Period: 11-18-91

Department of Rehabilitation Services

28. Service Plan Development (89 Ill. Adm. Code 700)
 -First Notice Published: 15 Ill. Reg. 9303 - 6-28-91
 -Expiration of Second Notice Period: 10-28-91

29. Financial Eligibility Criteria (89 Ill. Adm. Code 687)
 -First Notice Published: 15 Ill. Reg. 8160 - 5-31-91
 -Expiration of Second Notice Period: 11-12-91

State Board of Education

30. Scientific Literacy (23 Ill. Adm. Code 220)
 -First Notice Published: 15 Ill. Reg. 10288 - 7-12-91
 -Expiration of Second Notice Period: 11-4-91

31. Certification (23 Ill. Adm. Code 25)
 -First Notice Published: 15 Ill. Reg. 10277 - 7-12-91
 -Expiration of Second Notice Period: 11-4-91

32. Fellowship, Traineeship and Scholarship Programs (23 Ill. Adm. Code 54)
 -First Notice Published: 15 Ill. Reg. 9237 - 6-28-91
 -Expiration of Second Notice Period: 11-4-91

33. Alcohol and Drug Education Initiative (23 Ill. Adm. Code 225)
 -First Notice Published: 15 Ill. Reg. 10265 - 7-12-91
 -Expiration of Second Notice Period: 11-8-91

JOINT COMMITTEE ON ADMINISTRATIVE RULES

AGENDA

34. Secular Textbook Loan (23 Ill. Adm. Code 350)
-First Notice Published: 15 Ill. Reg. 9250 - 8-28-91
-Expiration of Second Notice Period: 11-8-91

State Board of Elections

35. Voting Systems (26 Ill. Adm. Code 204)
-First Notice Published: 14 Ill. Reg. 20121 - 12-21-90
-Expiration of Second Notice Period: 11-18-91

Teachers' Retirement System

36. The Administration and Operation of the Teachers' Retirement System (80 Ill. Adm. Code 1650)
-First Notice Published: 15 Ill. Reg. 10574 - 7-19-91
-Expiration of Second Notice Period: 11-4-91

III. Certification of No Objection to Proposed Rulemaking

IV. Review of Emergency Rulemaking and Peremptory Rulemaking

Department of Agriculture

37. Meat and Poultry Inspection Act (8 Ill. Adm. Code 125)
(Peremptory)
-Notice Published: 15 Ill. Reg. 13796 - 9-20-91

Department of Central Management Services

38. Travel (80 Ill. Adm. Code 2800) (Emergency)
-Notice Published: 15 Ill. Reg. 13196 - 9-6-91

Department of Children and Family Services

39. Financial Responsibility of Parents or Guardians of the Estates of Children (89 Ill. Adm. Code 352) (Emergency)
-Notice Published: 15 Ill. Reg. 13554 - 9-13-91

40. Reports of Child Abuse and Neglect (89 Ill. Adm. Code 300) (Emergency)
-Notice Published: 15 Ill. Reg. 14285 - 10-4-91

Department of Public Aid

41. Hospital Services (89 Ill. Adm. Code 148) (Emergency)
-Notice Published: 15 Ill. Reg. 12005 - 8-23-91

JOINT COMMITTEE ON ADMINISTRATIVE RULES

AGENDA

42. Repeal of Drug Manual (89 Ill. Adm. Code 141) (Emergency)
-Notice Published: 15 Ill. Reg. 12795 - 8-30-91
43. Medical Payment (89 Ill. Adm. Code 140) (Emergency)
-Notice Published: 15 Ill. Reg. 12919 - 8-30-91
44. Food Stamps (89 Ill. Adm. Code 121) (Peremptory)
-Notice Published: 15 Ill. Reg. 14134 - 9-27-91

Illinois Racing Board

45. Security Areas (11 Ill. Adm. Code 436) (Emergency)
-Notice Published: 15 Ill. Reg. 12944 - 8-30-91

V. Agency Responses to Joint Committee Statements of Objection

Department of Children and Family Services

46. Reports of Child Abuse and Neglect (89 Ill. Adm. Code 300)
-First Published: 6-21-91
-Objection Date: 9-17-91
-Agency Response: Agreement

Department of Mines and Minerals

47. The Illinois Oil and Gas Act (62 Ill. Adm. Code 240)
-First Published: 6-7-91
-Recommendation Date: 8-20-91
-Response: Agreement

VI. Exempt Rulemakings

Pollution Control Board

48. Underground Storage Tanks (35 Ill. Adm. Code 731)
-Proposed Date: 5-3-91
-Adopted Date: 9-10-91

SECOND NOTICES RECEIVED

The following second notices were received by the Joint Committee on Administrative Rules during the period of October 2, 1991 through October 8, 1991, and have been scheduled for review by the Committee at its October 22, 1991 or November meeting. Other items not contained in this published list may also be considered by the Committee at its October or November meeting. Members of the public wishing to express their views with respect to a rule should submit written comments to the Committee at the following address: Joint Committee on Administrative Rules, 509 South Sixth Street, Room 500, Springfield, IL 62701.

Second Notice Expires	Agency and Rule	Start of First Notice	JCAR Meeting
11/18/91	State Board of Elections, Voting Systems (26 Ill. Adm. Code 204)	12/21/90 14 Ill. Reg. 20121	10/22/91
11/18/91	Department of Public Aid, Aid to Families with Dependent Children (89 Ill. Adm. Code 112)	7/19/91 15 Ill. Reg. 10564	10/22/91
11/15/91	Department of Public Health, The Illinois Formulary for the Drug Product Selection Program (77 Ill. Adm. Code 790)	8/2/91 15 Ill. Reg. 11070	10/22/91
11/21/91	Illinois Commerce Commission, Applications (92 Ill. Adm. Code 1202)	12/7/90 14 Ill. Reg. 19094	11/91
11/21/91	Illinois Commerce Commission, Motor Carrier of Property Fitness Standards (92 Ill. Adm. Code 1304)	12/7/90 14 Ill. Reg. 19104	11/91
11/22/91	Department of Professional Regulation, Medical Practice Act of 1987 (68 Ill. Adm. Code 1285)	8/9/91 15 Ill. Reg. 11389	11/91

91-476

CHIROPRACTIC HEALTH CARE MONTH

Whereas, during October, doctors of chiropractic throughout the United States are active in community health programs to improve the health of our citizens; and

Whereas, chiropractors have long stressed that exercise, good posture, and balanced nutrition are essential to proper growth, development, and health maintenance; and

Whereas, Illinoisans should become more aware of their health and receive periodic examinations; and

Whereas, the science of chiropractic and the physicians who practice it have contributed greatly to the better health of our citizenry; and

Whereas, the Illinois Chiropractic Society will hold its fall convention October 11-October 13;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim October 1991 as CHIROPRACTIC HEALTH CARE MONTH in Illinois.

Issued by the Governor September 27, 1991.

Filed with the Secretary of State October 4, 1991.

91-477

HEALTH CARE FOOD SERVICE EMPLOYEES WEEK

Whereas, the food service is an integral part of the complete realm of services rendered to hospital and nursing home patients; and

Whereas, conscientious, professional food service employees who work diligently to serve appetizing, nutritious, and cost-efficient food sometimes provide the brightest spot in a patient's day; and

Whereas, menu planners, chefs, cooks, administrators, dietitians, cafeteria staff, aides, and volunteers work in conjunction with other professionals to provide the best possible patient care;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim October 6-12, 1991, as HEALTH CARE FOOD SERVICE EMPLOYEES WEEK.

Issued by the Governor September 27, 1991.

Filed with the Secretary of State October 4, 1991.

91-478

LEIF ERICKSON DAY

Whereas, Leif Erickson first came to these shores about the year 1000; and

Whereas, the Icelandic explorer is believed to be the first

European to visit the North American continent; and
 Whereas, Erickson is remembered for his prowess in navigation, his courage, and his determination;
 Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim October 9, 1991, as LEIF ERICKSON DAY in Illinois, in conjunction with the national observance.
 Issued by the Governor September 27, 1991.
 Filed with the Secretary of State October 4, 1991.

91-479

MEDICAL RECORDS WEEK

Whereas, the Illinois Medical Record Association, established in 1952, has more than 1,700 active members in our state; and
 Whereas, the association is an affiliate of the American Medical Record Association and strives to further the common interest of medical record practitioners throughout the state; and
 Whereas, association members keep abreast of important current trends and issues in the health care field and take an active role in the protection of patient rights; and
 Whereas, vital information contained in medical records provides essential data to patients, the community, hospital administration, medical researchers, and the professional medical staff;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim October 6-12, 1991, as MEDICAL RECORDS WEEK in Illinois to increase citizens' awareness of this important facet of medical science.
 Issued by the Governor September 27, 1991.
 Filed with the Secretary of State October 4, 1991.

91-480

ST. LAURENCE HIGH SCHOOL DAY

Whereas, St. Laurence High School in Burbank was founded in 1961 by the Congregation of Irish Christian Brothers to offer a solid Catholic education with an emphasis on academics; and
 Whereas, the school specializes in providing programs that provide opportunities for success and demonstrates a genuine interest in the students and families in surrounding communities; and
 Whereas, the theme of St. Laurence High School is "Blending the Best," because the institution supplies students with a blend of academics, Christian values, athletics, and social activities to help those individuals develop character, discipline, and vision; and

Whereas, 1991 marks the 30th anniversary of St. Laurence High School, and the anniversary will be celebrated during the school's parade and homecoming October 12;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim October 12, 1991, as ST. LAURENCE HIGH SCHOOL DAY in Illinois.

Issued by the Governor September 27, 1991.
 Filed with the Secretary of State October 4, 1991.

91-481

DISABILITY INDEPENDENCE DAY

Whereas, more than two million Illinois residents have some type of physical, emotional, or mental disability that severely restricts them in one or more of life's major activities; and
 Whereas, disabilities transverse ethnic, racial, religious, economic, sexual, social, economic, and demographic lines; and
 Whereas, myths, prejudices, stereotypes, fears, ignorance, and inaccurate language often post greater barriers for people with disabilities than the disabilities themselves; and
 Whereas, we need to work together to dissolve these social barriers so that individuals with disabilities may enjoy independence and the highest quality of life achievable; and
 Whereas, society gains from the full participation of all citizens with disabilities;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim October 4, 1991, as DISABILITY INDEPENDENCE DAY in Illinois. I urge support of the efforts of the Illinois Easter Seal Society, United Cerebral Palsy of Illinois, and other organizations who are dedicated to improving the quality of life for our citizens with disabilities.
 Issued by the Governor October 2, 1991.
 Filed with the Secretary of State October 4, 1991.

91-482

NATIONAL FOREST CENTENNIAL MONTH

Whereas, 1991 marks the 100th anniversary of the National Forest System; and
 Whereas, the National Forest System oversees 191 million acres of national forests and national grasslands; and
 Whereas, the Shawnee National Forest, the only national forest in our state, was established in 1933 and spans nearly 266,000 acres; and
 Whereas, the Shawnee National Forest provides our citizens with natural resources and a vast, beautiful recreation area;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim October 1991 as NATIONAL FOREST CENTENNIAL MONTH in Illinois and urge citizens to share, protect, and enjoy our national forests in the spirit of the multiple-use philosophy under which they were created.
 Issued by the Governor October 1, 1991.
 Filed with the Secretary of State October 7, 1991.

91-483

FAMILY HEALTH MONTH

Whereas, Illinois family physicians have a history of dedication to our health and well-being and a continued commitment to upgrade the quality of available medical care; and Whereas, because of the increasing technology in the medical care field, the complexities of the specialty structure of medicine, and the confusion about which physician treats which health problems, family physicians of Illinois are continuing to make available to our citizens a personal family physician to help guide them in their use of the health care industry; and Whereas, family physicians coordinate the use of technicians, testing, subspecialty physicians, and hospitalization as necessary in a compassionate, continuing, supportive, and understanding way; and

Whereas, the Illinois Academy of Family Physicians is committed to making the names of family physicians available to all new citizens of our state to promote the importance of regular checkups; and Whereas, the academy believes prevention and early diagnosis of health care problems provide a better chance for complete cure and recovery and the most timely and cost-effective form of health care delivery;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim October 1991 as FAMILY HEALTH MONTH in Illinois.
Issued by the Governor October 2, 1991.
Filed with the Secretary of State October 7, 1991.

91-484

FUTURES AND OPTIONS WEEK

Whereas, Chicago commands more than half of the world's market share in futures and futures options trading, thereby making it the widely acknowledged capital of the futures industry; and

Whereas, global businesses of every type use futures and futures options routinely as a prudent and efficient means to hedge against the risk endemic to the economic activity; and

Whereas, recent developmental initiatives undertaken in Eastern Europe will only solidify Chicago's status as a global center for risk management; and

Whereas, domestically, Chicago's futures exchanges are synonymous with entrepreneurialism, encouraging economic development and attracting investment capital from all parts of the world to the metropolitan area; and

Whereas, the Futures Industry Association will hold its annual exposition, "Futures and Options Expo '91," in Chicago during the week of October 14, 1991;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim October 14-18, 1991, as FUTURES AND OPTIONS WEEK in Illinois.

Issued by the Governor October 2, 1991.

Filed with the Secretary of State October 7, 1991.

91-485

ILLINOIS PARALEGAL ASSOCIATION/
PARALEGAL AND LEGAL ASSISTANT DAY

Whereas, paralegals aid in the efficient delivery of legal service to the public; and

Whereas, the Illinois Paralegal Association, the first professional paralegal organization in Illinois, was established in November 1972 in response to the growing need for an organized professional association for paralegals; and

Whereas, the Illinois Paralegal Association promotes and maintains high standards in the paralegal profession and offers and encourages continuing education for paralegals; and

Whereas, the Illinois Paralegal Association establishes and maintains mutually beneficial working relationships with other paralegal organizations and with local, state, and national bar associations; and

Whereas, the Illinois Paralegal Association has fostered the creative expansion of the paralegal profession in Illinois; and Whereas, October 10, 1991, marks the celebration of the 19th anniversary of the association;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim October 10, 1991, as ILLINOIS PARALEGAL ASSOCIATION/PARALEGAL AND LEGAL ASSISTANT DAY in Illinois.
Issued by the Governor October 2, 1991.

Filed with the Secretary of State October 7, 1991.

91-486

MENTAL ILLNESS AWARENESS WEEK

Whereas, severe mental illness affects hundreds of thousands of Illinois citizens; and

Whereas, the deterioration of a community begins with deterioration of the mental status of its residents; and

Whereas, mental illness is still feared and misunderstood by the general public. However, the quality of life of the chronically mentally ill can be improved through family and community support; and

Whereas, the incidence of suicide among teenagers and the elderly is increasing, and between 30 and 40 percent of the homeless suffer from serious chronic forms of mental illness; and

Whereas, mental illness is increasingly a treatable disability with excellent prospects for amelioration and recovery when properly recognized; and

Whereas, greater support for scientific research will continue to yield breakthroughs which will enhance prognosis for recovery of severe mental illness;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim October 6-12, 1991, as MENTAL ILLNESS AWARENESS WEEK in Illinois and urge all citizens to be cognizant of the events arranged for this time.

Issued by the Governor October 2, 1991.

Filed with the Secretary of State October 7, 1991.

91-487

RAVENSWOOD BAPTIST CHURCH DAY

Whereas, for 100 years, the Ravenswood Baptist Church of Chicago has shown a strong dedication to serving the Ravenswood community and the city of Chicago; and

Whereas, the Ravenswood Baptist Church remains firm in its commitment to provide spiritual leadership to the people of the inner city community; and

Whereas, the Ravenswood Baptist Church has assisted its community by providing counseling services to those in need; low cost, high quality education and child care services; and monthly services for the men at the Pacific Garden Mission in downtown Chicago. In addition, the church has been an active supporter of the "Adopt a Street" program;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim October 6, 1991, as RAVENSWOOD BAPTIST CHURCH DAY in Illinois, in recognition of the church's 100th year of commitment to improving the quality of life in its community.

Issued by the Governor October 2, 1991.

Filed with the Secretary of State October 7, 1991.

91-488

SONOGRAPHER AWARENESS WEEK

Whereas, the health of our citizens is a major concern and responsibility of health care professionals in our state; and Whereas, qualified professionals who specialize in using diagnostic medical ultrasound to aid the physician in the diagnosis of disease share a commitment to provide quality health care for our citizens; and

Whereas, professionals in sonography are dedicated to the highest standards of professionalism and maintain these standards through continuing education, credentials, and personal commitment; and

Whereas, October 7-13 has been designated Sonographer Awareness Week to focus on the use of diagnostic medical ultrasound examinations provided through the skilled and conscientious efforts of Diagnostic Medical Sonographers in this State;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim October 7-13, 1991, as SONOGRAPHER AWARENESS WEEK in Illinois.

Issued by the Governor October 2, 1991.

Filed with the Secretary of State October 7, 1991.

91-489

VEGETARIAN AWARENESS WEEK

Whereas, many people consider a vegetarian lifestyle an alternative to a traditional diet; and

Whereas, there are many motivations for maintaining a vegetarian lifestyle such as health, humanitarian, economic, ethical, and environmental concerns; and

Whereas, the American Dietetic Association affirms that a vegetarian diet is nutritionally complete and healthy for anyone including athletes, pregnant women, children, and infants; and

Whereas, the U.S. Surgeon General recommends consumption of less saturated fat and cholesterol and consumption of more complex carbohydrates and fiber; and

Whereas, vegetarian diets have been scientifically linked to reduced risk for heart disease, high blood pressure, obesity, diabetes mellitus, and some types of cancer;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim October 6-12, 1991, as VEGETARIAN AWARENESS WEEK in Illinois.

Issued by the Governor October 2, 1991.

Filed with the Secretary of State October 7, 1991.

91-490

CHILD HEALTH DAY

Whereas, injuries are responsible for the deaths of more children after the first year of life than all other causes combined; and

Whereas, we have acquired a wealth of knowledge about effective interventions, yet we continue to record the toll of children killed on highways and neighborhood streets, in playgrounds and swimming pools, and in their own homes by injuries that could have been prevented; and

Whereas, research into the causes of many of these injuries has resulted in product improvements to reduce hazards, and public awareness of some of the safety issues has resulted in legislative actions to reduce hazards; and

Whereas, public education campaigns against drunk driving, vigorous actions against child abuse, and training to help both children and parents handle anger and reduce violence all make important contributions; and

Whereas, Child Health Day has been initiated to encourage us to reaffirm our resolve that all Illinois children should be

protected from hazards and risks that threaten their lives and their health;
Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim October 7, 1991, as CHILD HEALTH DAY in Illinois and urge citizens to take steps in their homes and communities to protect our children from unsafe environments, unsafe products, and unsafe behaviors.

Issued by the Governor October 3, 1991.
Filed with the Secretary of State October 7, 1991.

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JCAR - Joint Committee on Administrative Rules **ACTION CODES**

A - Adopted Rule	P - Proposed Rule
AR - Adopted Repealer	PF - Prohibited Filing Ordered by JCAR
C - Notice of Corrections	PP - Peremptory or Court ordered Rules
CC - Codification Changes	PR - Proposed Repealer
E - Emergency Rule	R - Refusal to meet JCAR objection
ER - Emergency Repealer	RC - Statement of Recommendation
M - Modification to meet JCAR objections	S - Suspension ordered by JCAR
O - JCAR Statement of Objections	W - Withdrawal to meet JCAR objections

EXAMPLE:

AGRICULTURE, DEPARTMENT OF

TITLE	PART	ACTION CODE	PAGE NUMBER	PREVIOUS VOLUME	ACTION CODE	PAGE NUMBER
8 Ill. Adm. Code 285	Ill. Grain Insurance Act (P-18048/85; A-6818)					

ALL RULES ARE LISTED BY PART NUMBER AND HEADING ONLY. (FOR ACTION ON SPECIFIC SECTIONS, PLEASE REFER TO THE SECTIONS AFFECTED INDEX.) IF THERE ARE ANY QUESTIONS, PLEASE CONTACT THE ADMINISTRATIVE CODE DIVISION AT (217) 782-9786.

ABANDONED MINED LANDS RECLAMATION COUNCIL

62 Ill. Adm. Code 2501 Abandoned Mined Lands Reclamation (P-141; A-6513)

AGING, DEPARTMENT ON

89 Ill. Adm. Code 240 Community Care Program (E-2838; A-10351) (P-18635/90; A-10351) (P-14355) (E-14593)

AGRICULTURE, DEPARTMENT OF

8 Ill. Adm. Code 255 Agricultural Facilities (E-128)

8 Ill. Adm. Code 270 Ill. State Fair & DuQuoin State Fair, Non-Fair Space Rental & the General Operation of the State Fairgrounds (P-10965/90; A-455)

8 Ill. Adm. Code 125 Meat & Poultry Inspection Act (PP-620; W-1574) (P-1583) (PP-3117) (PP-8714) (P-1583; A-8801) (PP-13976)

2 Ill. Adm. Code 700 Organizational Chart, Description, Rulemaking Procedure, & Programs (A-6105)

8 Ill. Adm. Code 290 Standardbred & Thoroughbred Horse Breeding & Racing Programs (P-19087/90; A-5207)

ALCOHOLISM AND SUBSTANCE ABUSE, DEPARTMENT OF

77 Ill. Adm. Code 2030 Award & Monitoring of Funds (P-9083)

77 Ill. Adm. Code 2031 Award Criteria & Procedure (PP-9149)

77 Ill. Adm. Code 2030 Fiscal & Programmatic Requirements (PP-9153)

77 Ill. Adm. Code 2058 Licensure of Alcoholism & Substance Abuse Treatment, Intervention & Research Programs (P-6457/90; A-2597) (P-8837; A-13708)

77 Ill. Adm. Code 2090 Substance Abuse Treatment Services (P-9785; E-10222; C-11343)

77 Ill. Adm. Code 2032 Suspension & Termination of Financial Assistance (PP-9218)

ASBESTOS ABATEMENT AUTHORITY, ILLINOIS

2 Ill. Adm. Code 2650 Organization, Rulemaking & Public Information (A-2660)

ATTORNEY GENERAL

14 Ill. Adm. Code 475 Motor Vehicle Advertising (P-6343)

AUDITOR GENERAL

74 Ill. Adm. Code 420 Code of Regs. (P-15645/90; A-3429)

BANKS AND TRUST COMPANIES, COMMISSIONER OF

38 Ill. Adm. Code 307 Acquisition of Former Main Banking Premises or Branches of Eligible Depository Institutions (P-3611)

38 Ill. Adm. Code 354 Administration of Collateral Obtained in Collection of a Debt (P-3614)

38 Ill. Adm. Code 397 Corporate Fiduciary Receivership Account (P-15181/90; A-167)

38 Ill. Adm. Code 350 Loan Agreements Providing for a Bank to Share in Profits, Income or Earnings (P-2053)

CARNIVAL-AMUSEMENT SAFETY BOARD

56 Ill. Adm. Code 6000 Carnival & Amusement Ride Inspection Law (P-2989/90; A-4109)

CENTRAL MANAGEMENT SERVICES, DEPARTMENT OF

80 Ill. Adm. Code 303 Conditions of Employment (P-4801; A-14067) (E-5076) (P-17399/90; A-5214)

89 Ill. Adm. Code 1300 Day Care (P-5141)

80 Ill. Adm. Code 302 Merit & Fitness (P-11859)

80 Ill. Adm. Code 310 Pay Plan (PP-663) (P-14657/90; A-3296) (P-15186/90; A-4401) (P-4497; W-5920) (PP-5100) (P-5147; A-13080) (PP-5465) (P-6364; A-14210) (E-10485) (P-4497; A-11080; C-11537) (P-12051)

44 Ill. Adm. Code 5030 Personal Use of State Telephones (P-1203; A-8843)

80 Ill. Adm. Code 2110 State of Ill. Dependent Care Assistance Plan (P-12064)

80 Ill. Adm. Code 2120 State of Ill. Medical Care Assistance Plan (P-12074)

44 Ill. Adm. Code 5040 State Vehicles & Garage (P-17403/90; A-7553)

80 Ill. Adm. Code 2800 Travel (P-12963; E-13196)

CHILDREN AND FAMILY SERVICES, DEPARTMENT OF

89 Ill. Adm. Code 431 Confidentiality of Personal Information of Persons Served by the Dept. (P-4303/90; A-24)

89 Ill. Adm. Code 352 Financial Responsibility of Parents or Guardians of the Estates of Children (P-18871/90; A-11111) (P-1323) (E-13554)

89 Ill. Adm. Code 407 Licensing Standards for Day Care Centers (P-14729)

89 Ill. Adm. Code 406 Licensing Standards for Day Care Home (P-14734) (E-15088)

89 Ill. Adm. Code 408 Licensing Standards for Group Day Care Homes (P-14764) (E-15104)

89 Ill. Adm. Code 335 Relative Home Placement (P-8415)

89 Ill. Adm. Code 300 Reports of Child Abuse & Neglect (P-8735; PP-14320) (E-14285)

COMMERCE AND COMMUNITY AFFAIRS, DEPARTMENT OF

56 Ill. Adm. Code 2625 Economic Dislocation & Worker Adjustment Assistance (P-13045/90; A-10368) (P-13074/90; A-10386) (P-19495/90; RC-11532; A-13092)

56 Ill. Adm. Code 2620 Employment & Training Assistance for Dislocated Workers (PP-12964)

14 Ill. Adm. Code 520 Enterprise Zone Program (P-13060/90; A-8683) (P-9787)

47 Ill. Adm. Code 520 Ill. Clean and Beautiful Program (PP-13241)

14 Ill. Adm. Code 510 Ill. Promotion Act Programs (P-13072/90; A-2673) (P-677; A-8848)

14 Ill. Adm. Code 570 Ill. Small Business Development Program (P-4528; A-9902)

56 Ill. Adm. Code 2650 Industrial Training Program (P-19503/90; W-3602)

14 Ill. Adm. Code 550 Local Tourism & Convention Bureau Program (P-8782/90; A-1798) (P-10249) (E-10498; C-11014)

47 Ill. Adm. Code 100 Residential Energy Assistance Partnership Program (P-15189/90; O-1575; R-3603; A-3437) (P-14337) (E-14604)

14 Ill. Adm. Code 640 Rural Diversification Act Program (P-13391/90; A-7558)

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- 56 Ill. Adm. Code 2600 Service Delivery System & State Responsibilities (P-691; A-13102) (P-11865)
- 47 Ill. Adm. Code 110 State Administration of the Federal Community Development Block Grant Program for Small Cities (P-10985/90; O-19076/90; R-3127 A-4410)
- 47 Ill. Adm. Code 120 State Administration of the Federal Community Services Block Grant Program (P-8617) (P-13993)
- 14 Ill. Adm. Code 545 Technology Advancement & Development Act Programs (P-3620; A-15040)
- 14 Ill. Adm. Code 540 Technology Commercialization Grant-In-Aid Programs (P-11022/90; A-973)
- 56 Ill. Adm. Code 2610 Training Services for the Disadvantaged (P-13074/90; A-10386) (P-16117/90; A-7595) (P-3641; A-13137) (P-11894)
- 56 Ill. Adm. Code 2630 Uniform Fiscal & Administrative Standards for the Job Training Partnership Act (P-8081) (P-11545) (P-17407/90; RC-14321)

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- 83 Ill. Adm. Code 760 Cellular Radio Exclusion (P-14340)
- 92 Ill. Adm. Code 1311 Commodity Group Definitions (P-4195)
- 92 Ill. Adm. Code 1535 Crossings of Rail Carriers & Highways (P-18177/90; A-10920)
- 83 Ill. Adm. Code 756 Dual Party Relay Service (P-18675/90; A-5618)
- 83 Ill. Adm. Code 315 Pole Attachment Rates, Terms & Conditions Applicable to Cable Television Companies & Electric & Telephone Public Utilities (P-13585)
- 83 Ill. Adm. Code 280 Procedures for Gas, Electric, Water & Sanitary Sewer Utilities Governing Eligibility for Service, Deposits, Payment Practices & Discontinuance of Service (G.O. #172) (P-9801)
- 83 Ill. Adm. Code 445 Purchase & Sale of Electric Energy From Qualified Solid Waste Energy Facilities (P-11025)
- 83 Ill. Adm. Code 220 Reports of Accidents by Telecommunications Carriers & by Fixed Public Utilities Other Than Pipelines Transporting Liquids (P-15653/90; A-5056)
- 83 Ill. Adm. Code 780 Right-of-Way Precondemnation Negotiations by Telephone Companies (P-13100/90; A-5062)
- 83 Ill. Adm. Code 285 Standard Filing Requirements for Electric, Gas, Water & Sewer Utilities & Telecommunications Carriers in Filing for an Increase in Rates (P-9807)
- 83 Ill. Adm. Code 410 Standards of Service for Electric Utilities (P-11899)
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- 83 Ill. Adm. Code 730 Standards of Service for Local Exchange Telecommunications Carriers (P-1627)
- 83 Ill. Adm. Code 730 Standards of Service for Telephone Utilities (G.O. 197) (PR-1650)
- 83 Ill. Adm. Code 755 Telecommunications Access for the Hearing & Voice Impaired (P-19109/90; A-5624)
- 83 Ill. Adm. Code 757 Telephone Assistance Programs (PR-4803; RC-5111; AR-11926) (ER-5082)
- 92 Ill. Adm. Code 1270 Transfers of Licenses (P-16170/90; A-10925)
- 83 Ill. Adm. Code 710 Uniform System of Accounts for Telecommunications Carriers (P-20565/90; A-8205)
- 92 Ill. Adm. Code 1308 Unlawful Operations (P-8097; A-14414)

COMMUNITY COLLEGE BOARD

- 23 Ill. Adm. Code 1501 Administration of the Ill. Public Community College Act (P-18890/90; A-10929) (P-12980)

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- 74 Ill. Adm. Code 285 Claim Eligible to be Offset (P-17139/90; A-5070)
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- 17 Ill. Adm. Code 3035 Boat Access Area Construction Program (P-18365/90; A-4117) (P-14783)
- 17 Ill. Adm. Code 530 Cook Pheasant, Hungarian Partridge, Bobwhite Quail, Rabbit & Crow Hunting (P-4805; A-9924) (P-12086)
- 17 Ill. Adm. Code 830 Commercial Fishing and Musseling in Certain Waters of the State (P-2057; RC-8314; A-8544)
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- 17 Ill. Adm. Code 510 General Hunting & Trapping on Department-Owned or -Managed Sites (P-4829; A-9966)
- 17 Ill. Adm. Code 3040 III. Bicycle Path Grant Program (P-18380/90; A-4132)
- 17 Ill. Adm. Code 1010 III. List of Endangered & Threatened Fauna (P-13594)
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- 17 Ill. Adm. Code 3010 III. Snowmobile Grant Program (P-14794)
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- 17 Ill. Adm. Code 570 Muskrat, Mink, Raccoon, Opossum, Striped Skunk, Red Fox, Gray Fox, Coyote & Woodchuck (Groundhog) Trapping (P-6811; P-11586)
- 17 Ill. Adm. Code 220 North Point Marina (P-16182/90; A-1495) (P-9233; A-14418)
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- 17 Ill. Adm. Code 1070 Possession of Specimens or Products of Endangered & Threatened Species (P-7855; A-13341)
- 17 Ill. Adm. Code 110 Public Use of State Parks & Other Properties of the Dept. of Conservation (P-10251; A-14423)
- 17 Ill. Adm. Code 550 Raccoon, Opossum, Striped Skunk, Red Fox, Gray Fox, Coyote & Woodchuck (Groundhog) Hunting (P-6823; A-11598)
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The Sections Affected Index lists, by Title, each Section of a codified Part on which rulemaking activity has occurred in this volume of the Register and is divided into two parts: the first lists the Sections on which rulemaking activity occurred in the previous issues of this volume year; the second lists the Sections on which rulemaking activity occurred in this issue of the Register. (The headings at the top of each page indicate the two parts: the first part shows the previous issue numbers inclusively and the date of the last published issue; the second lists the current issue number and date.) The columns in both parts indicate the type of rulemaking activity and the action taken along with the page number on which the first page of the notice of rulemaking activity appeared. If a Section on which action is being taken in the current volume (calendar year) of the Register was proposed in a previous volume, the last two digits of the previous volume's year appear immediately after the page number separated by a slash. (e.g. 1 Ill. Adm. Code 100.280 was proposed last year and adopted this year. The action entry reads: (P-8577/89; A-724). The codes for both columns are listed below. For a complete listing of the Title of the Illinois Administrative Code, please refer to 1 Ill. Adm. Code 100.140 or contact the Administrative Code Division.

TYPE OF RULEMAKING		ACTION CODES	
am	= amendment to existing Section	A	= Adopted rule
cc	= codification changes	C	= Correction
n	= new Section	CC	= Codification Changes
r	= repeal of existing Section	E	= Emergency rule
rc	= reclassified	F	= Failure to Remedy
#	= renumbered	M	= Modification
		O	= ICAR Objection
		P	= Proposed rule
		PF	= Prohibited Filing
		PP	= Peremptory rule
		R	= Refusal to Modify or Withdraw
		RC	= ICAR Recommendation
		S	= Suspended rule
		W	= Withdrawal of Proposed rule

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100.100	am	(P-7522; A-13939)	2650.400	n	(A-2660)
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100.150	am	(P-7522; A-13939)	2650.II.A	n	(A-2660)
100.180	am	(P-7522; A-13939)	2650.II.B	n	(A-2660)
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100.230	am	(P-7522; A-13939)	125.1	am	(PP-620; W-1574) (P-1583; A-8801)
100.240	am	(P-7522; A-13939)	125.30	am	(PP-620; W-1574) (P-1583; A-8801)
100.260	am	(P-7522; A-13939)	125.30	am	(PP-620; W-1574) (P-1583; A-8801)
100.270	am	(P-7522; A-13939)	125.40	am	(PP-620; W-1574) (P-1583; A-8801)
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100.310	am	(P-7522; A-13939)	125.60	am	(PP-620; W-1574) (P-1583; A-8801)
100.335	am	(P-7522; A-13939)	125.80	am	(PP-620; W-1574) (P-1583; A-8801)
100.340	am	(P-7522; A-13939)	125.90	am	(PP-620; W-1574) (P-1583; A-8801)
100.350	am	(P-7522; A-13939)	125.100	am	(PP-620; W-1574) (P-1583; A-8801)
100.400	am	(P-7522; A-13939)	125.110	am	(PP-620; W-1574) (P-1583; A-8801)
100.450	am	(P-7522; A-13939)	125.120	am	(PP-620; W-1574) (P-1583; A-8801)
100.500	am	(P-7522; A-13939)	125.130	am	(PP-620; W-1574) (P-1583; A-8801)
100.510	am	(P-7522; A-13939)	125.140	am	(PP-620; W-1574) (P-1583; A-8801)
100.545	am	(P-7522; A-13939)	125.150	am	(PP-620; W-1574) (P-1583; A-8801)
100.550	am	(P-7522; A-13939)	125.160	am	(PP-620; W-1574) (P-1583; A-8801)
100.640	am	(P-7522; A-13939)	125.170	am	(PP-620; W-1574) (P-1583; A-8801)
100.660	am	(P-7522; A-13939)	125.180	am	(PP-620; W-1574) (P-1583; A-8801)
100.670	am	(P-7522; A-13939)	125.190	am	(PP-620; W-1574) (P-1583; A-8801)
100.880	am	(P-7522; A-13939)	125.200	am	(PP-620; W-1574) (P-1583; A-8801)
100.735	am	(P-7522; A-13939)	125.210	am	(PP-620; W-1574) (P-1583; A-8801)
100.740	am	(P-7522; A-13939)	125.220	am	(PP-620; W-1574) (P-1583; A-8801)
100.900	am	(P-7522; A-13939)	125.230	am	(PP-620; W-1574) (P-1583; A-8801)
100.1010	am	(P-7522; A-13939)	125.240	am	(PP-620; W-1574) (P-1583; A-8801)
100.1020	am	(P-7522; A-13939)	125.250	am	(PP-620; W-1574) (P-1583; A-8801)
100.1100	am	(P-7522; A-13939)	125.260	am	(PP-620; W-1574) (P-1583; A-8801)
100.1150	am	(P-7522; A-13939)	125.270	am	(PP-620; W-1574) (P-1583; A-8801)
100.1200	am	(P-7522; A-13939)	125.280	am	(PP-620; W-1574) (P-1583; A-8801)
100.1210	am	(P-7522; A-13939)	125.290	am	(PP-620; W-1574) (P-1583; A-8801)
TITLE 2			125.300	am	(PP-620; W-1574) (P-1583; A-8801)
700.40	am	(A-6105)			
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2025.120	n	(A-7897)			
2375.110	am	(A-1571)			
2650.10	n	(A-2660)			
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2650.30	n	(A-2660)			
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TITLE 8 (CONT'D)

125.305	am	(PP-620; W-1574) (P-1583; A-8801)	440.30	n	(P-8975/90; A-3492)
125.310	am	(PP-620; W-1574) (P-1583; A-8801)	440.40	n	(P-8975/90; A-3492)
125.320	am	(PP-620; W-1574) (P-1583; A-8801)	440.50	n	(P-8975/90; A-3492)
125.330	am	(PP-620; W-1574) (P-1583; A-8801)	440.60	n	(P-8975/90; A-3492)
125.340	am	(PP-620; W-1574) (P-1583; A-8801)	440.70	n	(P-8975/90; A-3492)
125.350	am	(PP-620; W-1574) (P-1583; A-8801)	440.80	n	(P-8975/90; A-3492)
125.360	am	(PP-620; W-1574) (P-1583; A-8801)	440.90	n	(P-8975/90; A-3492)
125.370	am	(PP-620; W-1574) (P-1583; A-8801)	440.100	am	(P-8152; A-13936)
125.380	am	(PP-620; W-1574) (P-1583; A-8801)	440.110	n	(P-8975/90; A-3492)
125.390	am	(PP-620; W-1574) (P-1583; A-8801)	440.120	n	(P-8975/90; A-3492)
125.400	am	(PP-620; W-1574) (P-1583; A-8801)	440.130	n	(P-8975/90; A-3492)
125.410	am	(PP-620; W-1574) (P-1583; A-8801)	440.140	n	(P-8975/90; A-3492)
255.50	am	(E-128)	440.150	n	(P-8975/90; A-3492)
270.261	am	(P-10965/90; A-455)	502.76	am	(P-5609; A-11985)
290.110	am	(P-19087/90; A-5207)	509.100	am	(P-5614; A-11989)
			720.100	n	(P-19703/90; A-5755)
			1303.70	am	(P-13704)
			1312.265	am	(P-14750/90; A-2727)
			1325.120	am	(P-16949/90; A-5748)
			1408.90	am	(P-16843/90; A-5745)
			1413.48	am	(P-12385/90; A-2730)
			1424.140	n	(P-10691/90; A-20545/90; C-2044)
			1424.355	am	(P-19690/90; W-1173)

TITLE 11

TITLE 14

204.20	am	(P-11394; W-14149)	130.110	am	(P-14209) (E-14303; C-15182)
204.40	am	(P-11394; W-14149)	475.110	n	(P-6343)
204.70	am	(P-11394; W-14149)	475.210	n	(P-6343)
204.130	am	(P-11394; W-14149)	475.220	n	(P-6343)
404.35	n	(P-10348)	475.230	n	(P-6343)
405.170	r	(P-8957/90; A-591)	475.240	n	(P-6343)
405.180	a	(P-8518; A-13933)	475.250	n	(P-6343)
405.250	n	(P-12389/90; A-2733)	475.260	n	(P-6343)
416.80	r	(P-6979; A-11994)	475.310	n	(P-6343)
417.80	r	(P-6988; A-12001)	475.320	n	(P-6343)
418.100	r	(P-6985; A-12003)	475.330	n	(P-6343)
419.90	r	(P-6976; A-11992)	475.340	n	(P-6343)
421.40	am	(P-19699/90; A-5752)	475.350	n	(P-6343)
421.80	am	(P-8150)	475.360	n	(P-6343)
433.35	am	(P-12393/90; A-2736)	475.370	n	(P-6343)
436.5	n	(E-12944)	475.380	n	(P-6343)
436.10	r	(E-12944)	475.390	n	(P-6343)
436.20	am	(E-12944)	475.410	n	(P-6343)
436.30	am	(E-12944)	475.420	n	(P-6343)
436.40	r	(E-12944)	475.510	n	(P-6343)
436.50	r	(E-12944)	475.520	n	(P-6343)
436.60	r	(E-12944)	475.530	n	(P-6343)
436.70	r	(E-12944)	475.540	n	(P-6343)
436.90	r	(E-12944)	475.550	n	(P-6343)
436.110	am	(E-12944)	475.560	n	(P-6343)
436.120	am	(E-12944)	475.570	n	(P-6343)
436.130	am	(E-12944)	475.580	n	(P-6343)
436.140	am	(E-12944)	475.590	n	(P-6343)
438.30	am	(P-5012; A-11996)	475.610	n	(P-6343)
438.80	r	(P-6982; A-11996)	475.620	n	(P-6343)
438.90	am	(P-5012; A-11996)	475.630	n	(P-6343)
440.10	n	(P-8975/90; A-3492)	475.640	n	(P-6343)
440.20	n	(P-8975/90; A-3492)	475.710	n	(P-6343)
440.20	am	(P-8152; A-13936)	475.720	n	(P-6343)

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510.10	am	(P-677; A-8848)	570.25	am	(P-4528; A-9902)
510.20	am	(P-677; A-8848)	570.30	am	(P-4528; A-9902)
510.40	am	(P-677; A-8848)	570.40	am	(P-4528; A-9902)
510.50	am	(P-677; A-8848)	570.50	am	(P-4528; A-9902)
510.60	am	(P-677; A-8848)	570.60	am	(P-4528; A-9902)
510.70	am	(P-677; A-8848)	570.70	am	(P-4528; A-9902)
510.80	am	(P-677; A-8848)	640.5	n	(P-13391/90; A-7558)
510.85	n	(A-8848)	640.10	n	(P-13391/90; A-7558)
510.110	n	(P-13072/90; A-2673)	640.20	n	(P-13391/90; A-7558)
510.120	n	(P-13072/90; A-2673)	640.30	n	(P-13391/90; A-7558)
510.130	n	(P-13072/90; A-2673)	640.40	n	(P-13391/90; A-7558)
510.140	n	(P-13072/90; A-2673)	640.50	n	(P-13391/90; A-7558)
510.150	n	(P-13072/90; A-2673)	640.60	n	(P-13391/90; A-7558)
510.160	n	(P-13072/90; A-2673)	640.70	n	(P-13391/90; A-7558)
510.170	n	(P-13072/90; A-2673)	640.80	n	(P-13391/90; A-7558)
510.175	n	(P-13072/90; A-2673)	640.90	n	(P-13391/90; A-7558)
510.180	n	(P-13072/90; A-2673)	640.100	n	(P-13391/90; A-7558)
510.185	n	(P-13072/90; A-2673)	640.110	n	(P-13391/90; A-7558)
510.190	n	(P-13072/90; A-2673)	640.120	n	(P-13391/90; A-7558)
510.195	n	(P-13072/90; A-2673)	640.130	n	(P-13391/90; A-7558)
510.200	n	(P-13072/90; A-2673)	640.140	n	(P-13391/90; A-7558)
510.205	n	(P-13072/90; A-2673)	640.150	n	(P-13391/90; A-7558)
520.315	n	(P-13060/90; A-8683)	640.160	n	(P-13391/90; A-7558)
520.740	am	(P-13060/90; A-8683)	640.170	n	(P-13391/90; A-7558)
520.800	r	(P-13060/90; A-8683)	640.180	n	(P-13391/90; A-7558)
520.810	r	(P-13060/90; A-8683)	640.190	n	(P-13391/90; A-7558)
520.820	r	(P-13060/90; A-8683)	640.200	n	(P-13391/90; A-7558)
520.830	r	(P-13060/90; A-8683)	640.210	n	(P-13391/90; A-7558)
520.900	am	(P-9787)	640.220	n	(P-13391/90; A-7558)
520.910	am	(P-13060/90; A-8683)	640.230	n	(P-13391/90; A-7558)
520.930	am	(P-9787)	640.240	n	(P-13391/90; A-7558)
520.1010	am	(P-13060/90; A-8683)	640.250	n	(P-13391/90; A-7558)
520.1110	n	(P-9787)	640.260	n	(P-13391/90; A-7558)
520.1120	n	(P-9787)	640.270	n	(P-13391/90; A-7558)
520.1130	n	(P-9787)	640.280	n	(P-13391/90; A-7558)
520.1140	n	(P-9787)	640.290	n	(P-13391/90; A-7558)
540.110	n	(P-11022/90; A-973)	640.300	n	(P-13391/90; A-7558)
540.120	n	(P-11022/90; A-973)	640.310	n	(P-13391/90; A-7558)
540.130	n	(P-11022/90; A-973)	640.320	n	(P-13391/90; A-7558)
540.140	n	(P-11022/90; A-973)	640.330	n	(P-13391/90; A-7558)
540.150	n	(P-11022/90; A-973)	640.340	n	(P-13391/90; A-7558)
540.160	n	(P-11022/90; A-973)	640.350	n	(P-13391/90; A-7558)
540.170	n	(P-11022/90; A-973)	1220.100	n	(P-8747)
540.180	n	(P-11022/90; A-973)	1220.110	n	(P-8747)
540.190	n	(P-11022/90; A-973)	1220.120	n	(P-8747)
545.315	am	(P-3620; A-15040)	1220.130	n	(P-8747)
545.320	am	(P-3620; A-15040)	1220.140	n	(P-8747)
545.325	am	(P-3620; A-15040)	1220.150	n	(P-8747)
545.330	am	(P-3620; A-15040)	1220.160	n	(P-8747)
545.335	am	(P-3620; A-15040)	1220.170	n	(P-8747)
545.340	am	(P-3620; A-15040)	1220.180	n	(P-8747)
545.345	am	(P-3620; A-15040)	1220.190	n	(P-8747)
545.350	am	(P-3620; A-15040)	1220.200	n	(P-8747)
545.355	am	(P-3620; A-15040)	1220.210	n	(P-8747)
545.360	am	(P-3620; A-15040)	1220.220	n	(P-8747)
550.20	am	(P-8782/90; A-1798)	1220.230	n	(P-8747)
550.30	am	(P-8782/90; A-1798)	1220.240	n	(P-8747)
550.35	am	(P-8782/90; A-1798)	1220.250	n	(P-8747)
550.40	am	(E-10498; C-11014)	1220.260	n	(P-8747)
550.50	am	(P-8782/90; A-1798)	1220.270	n	(P-8747)
570.10	am	(P-8782/90; A-1798)	1220.280	n	(P-8747)
570.20	am	(P-4528; A-9902)	1220.290	n	(P-8747)
			1220.300	n	(P-8747)
			1220.310	n	(P-8747)
			1220.320	n	(P-8747)
			1220.330	n	(P-8747)
			1220.340	n	(P-8747)
			1220.350	n	(P-8747)
			1220.400	n	(P-8747)
			1220.410	n	(P-8747)
			1220.500	n	(P-8747)
			1220.510	n	(P-8747)

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110.5	am	(P-10251; A-14423)	670.30
110.175	n	(P-10251; A-14423)	670.40
115.30	am	(P-3365; A-9948)	670.60
220.20	am	(P-1618290; A-1495)	680.10
220.30	am	(P-1618290; A-1495)	680.20
220.40	am	(P-1618290; A-1495)	680.30
220.50	am	(P-1618290; A-1495)	680.40
220.60	am	(P-1618290; A-1495)	680.50
220.70	am	(P-9233; A-14418)	680.60
220.80	am	(P-1618290; A-1495)	680.70
220.90	am	(P-1618290; A-1495)	690.20
510.10	am	(P-1618290; A-1495)	690.30
510.10	am	(P-4829; A-9966)	710.10
525.10	n	(P-1839790; A-4149)	710.20
525.20	n	(P-1839790; A-4149)	710.21
525.30	n	(P-1839790; A-4149)	710.30
525.40	n	(P-1839790; A-4149)	710.40
525.50	n	(P-1839790; A-4149)	710.50
525.60	n	(P-1839790; A-4149)	710.60
525.70	n	(P-1839790; A-4149)	710.70
525.80	n	(P-1839790; A-4149)	710.80
525.90	n	(P-1839790; A-4149)	710.90
525.100	n	(P-1839790; A-4149)	711.00
525.110	n	(P-1839790; A-4149)	711.10
525.120	n	(P-1839790; A-4149)	711.20
525.130	n	(P-1839790; A-4149)	711.30
525.140	n	(P-1839790; A-4149)	711.40
525.150	n	(P-1839790; A-4149)	711.50
525.160	n	(P-1839790; A-4149)	711.60
525.170	n	(P-1839790; A-4149)	711.70
525.180	n	(P-1839790; A-4149)	711.80
525.190	n	(P-1839790; A-4149)	711.90
525.200	n	(P-1839790; A-4149)	712.00
525.210	n	(P-1839790; A-4149)	712.10
525.220	n	(P-1839790; A-4149)	712.20
525.230	n	(P-1839790; A-4149)	712.30
525.240	n	(P-1839790; A-4149)	712.40
525.250	n	(P-1839790; A-4149)	712.50
525.260	n	(P-1839790; A-4149)	712.60
525.270	n	(P-1839790; A-4149)	712.70
525.280	n	(P-1839790; A-4149)	712.80
525.290	n	(P-1839790; A-4149)	712.90
525.300	n	(P-1839790; A-4149)	713.00
525.310	n	(P-1839790; A-4149)	713.10
525.320	n	(P-1839790; A-4149)	713.20
525.330	n	(P-1839790; A-4149)	713.30
525.340	n	(P-1839790; A-4149)	713.40
525.350	n	(P-1839790; A-4149)	713.50
525.360	n	(P-1839790; A-4149)	713.60
525.370	n	(P-1839790; A-4149)	713.70
525.380	n	(P-1839790; A-4149)	713.80
525.390	n	(P-1839790; A-4149)	713.90
525.400	n	(P-1839790; A-4149)	714.00
525.410	n	(P-1839790; A-4149)	714.10
525.420	n	(P-1839790; A-4149)	714.20
525.430	n	(P-1839790; A-4149)	714.30
525.440	n	(P-1839790; A-4149)	714.40
525.450	n	(P-1839790; A-4149)	714.50
525.460	n	(P-1839790; A-4149)	714.60
525.470	n	(P-1839790; A-4149)	714.70
525.480	n	(P-1839790; A-4149)	714.80
525.490	n	(P-1839790; A-4149)	714.90
525.500	n	(P-1839790; A-4149)	715.00
525.510	n	(P-1839790; A-4149)	715.10
525.520	n	(P-1839790; A-4149)	715.20
525.530	n	(P-1839790; A-4149)	715.30
525.540	n	(P-1839790; A-4149)	715.40</

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TITLE 35 (CONT'D)			TITLE 35 (CONT'D)		
615.202	(P-10303)	n	616.205	(P-9836)	n
615.203	(P-10303)	n	616.206	(P-9836)	n
615.204	(P-10303)	n	616.207	(P-9836)	n
615.205	(P-10303)	n	616.208	(P-9836)	n
615.206	(P-10303)	n	616.209	(P-9836)	n
615.207	(P-10303)	n	616.210	(P-9836)	n
615.208	(P-10303)	n	616.211	(P-9836)	n
615.209	(P-10303)	n	616.212	(P-9836)	n
615.210	(P-10303)	n	616.302	(P-9836)	n
615.211	(P-10303)	n	616.303	(P-9836)	n
615.301	(P-10303)	n	616.304	(P-9836)	n
615.302	(P-10303)	n	616.305	(P-9836)	n
615.303	(P-10303)	n	616.306	(P-9836)	n
615.304	(P-10303)	n	616.307	(P-9836)	n
615.305	(P-10303)	n	616.401	(P-9836)	n
615.306	(P-10303)	n	616.402	(P-9836)	n
615.307	(P-10303)	n	616.421	(P-9836)	n
615.401	(P-10303)	n	616.422	(P-9836)	n
615.402	(P-10303)	n	616.423	(P-9836)	n
615.403	(P-10303)	n	616.424	(P-9836)	n
615.404	(P-10303)	n	616.425	(P-9836)	n
615.421	(P-10303)	n	616.441	(P-9836)	n
615.422	(P-10303)	n	616.442	(P-9836)	n
615.423	(P-10303)	n	616.443	(P-9836)	n
615.424	(P-10303)	n	616.444	(P-9836)	n
615.425	(P-10303)	n	616.445	(P-9836)	n
615.441	(P-10303)	n	616.446	(P-9836)	n
615.442	(P-10303)	n	616.447	(P-9836)	n
615.443	(P-10303)	n	616.461	(P-9836)	n
615.444	(P-10303)	n	616.462	(P-9836)	n
615.445	(P-10303)	n	616.463	(P-9836)	n
615.446	(P-10303)	n	616.464	(P-9836)	n
615.447	(P-10303)	n	616.501	(P-9836)	n
615.461	(P-10303)	n	616.502	(P-9836)	n
615.462	(P-10303)	n	616.601	(P-9836)	n
615.463	(P-10303)	n	616.602	(P-9836)	n
615.501	(P-10303)	n	616.603	(P-9836)	n
615.502	(P-10303)	n	616.604	(P-9836)	n
615.601	(P-10303)	n	616.605	(P-9836)	n
615.602	(P-10303)	n	616.621	(P-9836)	n
615.603	(P-10303)	n	616.622	(P-9836)	n
615.604	(P-10303)	n	616.623	(P-9836)	n
615.621	(P-10303)	n	616.624	(P-9836)	n
615.622	(P-10303)	n	616.625	(P-9836)	n
615.623	(P-10303)	n	616.701	(P-9836)	n
615.701	(P-10303)	n	616.702	(P-9836)	n
615.702	(P-10303)	n	616.703	(P-9836)	n
615.703	(P-10303)	n	616.704	(P-9836)	n
615.704	(P-10303)	n	616.705	(P-9836)	n
615.705	(P-10303)	n	616.721	(P-9836)	n
615.706	(P-10303)	n	616.722	(P-9836)	n
615.721	(P-10303)	n	616.723	(P-9836)	n
615.722	(P-10303)	n	616.724	(P-9836)	n
615.723	(P-10303)	n	616.725	(P-9836)	n
615.724	(P-10303)	n	617.101	(P-9882)	n
616.101	(P-9836)	n	617.102	(P-9882)	n
616.102	(P-9836)	n	620.105	(P-4234; W-13569)	n
616.104	(P-9836)	n	620.110	(P-4234; W-13569)	n
616.105	(P-9836)	n	620.115	(P-4234; W-13569)	n
616.201	(P-9836)	n	620.125	(P-4234; W-13569)	n
616.202	(P-9836)	n	620.130	(P-4234; W-13569)	n
616.203	(P-9836)	n	620.135	(P-4234; W-13569)	n
616.204	(P-9836)	n	620.201	(P-4234; W-13569)	n
(P-6001; A-14473)					
(P-2075; A-9332)					
(P-6001; A-14473)					
(P-2075; A-9332)					
(P-6001; A-14473)					
(P-2075; A-9332)					
(P-6001; A-14473)					
(P-2075; A-9332)					
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(P-2075; A-9332)					
(P-6001; A-14473)					
(P-2075; A-9332)					
(P-6001; A-14473)					
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(P-6001; A-14473)					
(P-2075; A-9332)	</				

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[illegible]

TITLE 41 (CONT'D)		TITLE 47 (CONT'D)		TITLE 50	
170.880	n	(P-10875)	am	(P-14337) (E-14604)	am
250.10	n	(P-532290; A-5656)	am	(P-14337) (E-14604)	am
250.20	n	(P-532290; A-5656)	am	(P-14337) (E-14604)	am
250.25	n	(P-532290; A-5656)	am	(P-14337) (E-14604)	am
250.30	n	(P-532290; A-5656)	am	(P-14337) (E-14604)	am
250.40	n	(P-532290; A-5656)	am	(P-14337) (E-14604)	am
250.50	n	(P-532290; A-5656)	am	(P-14337) (E-14604)	am
250.60	n	(P-532290; A-5656)	am	(P-14337) (E-14604)	am
250.80	n	(P-532290; A-5656)	am	(P-14337) (E-14604)	am
250.82	n	(P-532290; A-5656)	am	(P-14337) (E-14604)	am
250.83	n	(P-532290; A-5656)	am	(P-14337) (E-14604)	am
250.85	n	(P-532290; A-5656)	am	(P-14337) (E-14604)	am
250.93	n	(P-532290; A-5656)	am	(P-14337) (E-14604)	am
250.97	n	(P-532290; A-5656)	am	(P-14337) (E-14604)	am
250.201	n	(P-532290; A-5656)	am	(P-14337) (E-14604)	am
250.210	n	(P-532290; A-5656)	am	(P-14337) (E-14604)	am
250.213	n	(P-532290; A-5656)	am	(P-14337) (E-14604)	am
250.215	n	(P-532290; A-5656)	am	(P-14337) (E-14604)	am
250.220	n	(P-532290; A-5656)	am	(P-14337) (E-14604)	am
250.230	n	(P-532290; A-5656)	am	(P-14337) (E-14604)	am
250.232	n	(P-532290; A-5656)	am	(P-14337) (E-14604)	am
250.233	n	(P-532290; A-5656)	am	(P-14337) (E-14604)	am
250.250	n	(P-532290; A-5656)	am	(P-14337) (E-14604)	am
250.260	n	(P-532290; A-5656)	am	(P-14337) (E-14604)	am
250.270	n	(P-532290; A-5656)	am	(P-14337) (E-14604)	am
250.301	n	(P-532290; A-5656)	am	(P-14337) (E-14604)	am
250.310	n	(P-532290; A-5656)	am	(P-14337) (E-14604)	am
250.315	n	(P-532290; A-5656)	am	(P-14337) (E-14604)	am
250.320	n	(P-532290; A-5656)	am	(P-14337) (E-14604)	am
250.340	n	(P-532290; A-5656)	am	(P-14337) (E-14604)	am
250.341	n	(P-532290; A-5656)	am	(P-14337) (E-14604)	am
250.343	n	(P-532290; A-5656)	am	(P-14337) (E-14604)	am
250.358	n	(P-532290; A-5656)	am	(P-14337) (E-14604)	am
250.360	n	(P-532290; A-5656)	am	(P-14337) (E-14604)	am
250.370	n	(P-532290; A-5656)	am	(P-14337) (E-14604)	am
260.10	n	(P-7872)	am	(P-1098590; O-1907690;	am
260.15	n	(P-7872)	am	(P-1098590; O-1907690;	am
260.20	n	(P-7872)	am	(P-1098590; O-1907690;	am
260.25	n	(P-7872)	am	(P-1098590; O-1907690;	am
260.30	n	(P-7872)	am	(P-1098590; O-1907690;	am
260.35	n	(P-7872)	am	(P-1098590; O-1907690;	am
260.40	n	(P-7872)	am	(P-1098590; O-1907690;	am
260.45	n	(P-7872)	am	(P-1098590; O-1907690;	am
260.50	n	(P-7872)	am	(P-1098590; O-1907690;	am
260.55	n	(P-7872)	am	(P-1098590; O-1907690;	am
260.60	n	(P-7872)	am	(P-1098590; O-1907690;	am
260.65	n	(P-7872)	am	(P-1098590; O-1907690;	am
260.70	n	(P-7872)	am	(P-1098590; O-1907690;	am
260.75	n	(P-7872)	am	(P-1098590; O-1907690;	am
260.80	n	(P-7872)	am	(P-1098590; O-1907690;	am
260.85	n	(P-7872)	am	(P-1098590; O-1907690;	am
TITLE 44		TITLE 47		TITLE 50	
4000.30	am	(P-6882; A-11932)	am	754.Ea.C	am
4000.60	am	(P-6882; A-11932)	am	909.50	am
5030.130	am	(P-1203; A-8843)	am	918.10	r
5040.110	am	(P-1740390; A-7553)	am	918.20	r
5040.350	am	(P-1740390; A-7553)	am	918.30	r
TITLE 47		TITLE 47		TITLE 50	
100.10	am	(P-14337) (E-14604)	am	918.40	r
100.20	am	(P-14337) (E-14604)	am		
100.30	am	(P-1518990; O-1575; A-3437)	am		

[illegible]

TITLE 62 (CONT'D)

240.260	(P-8448)	n	240.780	(P-8448)	n
240.260	(P-8448)	r	240.790	(A-8566)	rc
240.260	(P-8448)	r	240.805	(A-8566)	rc
240.270	(P-8448)	r	240.810	(A-8566)	rc
240.280	(P-8448)	r	240.820	(A-8566)	rc
240.300	(P-8448)	n	240.830	(A-8566)	rc
240.305	(P-8448)	re	240.840	(A-8566)	rc
240.310	(P-8448)	re	240.850	(A-8566)	rc
240.310	(P-8448)	re	240.860	(A-8566)	rc
240.320	(P-8448)	re	240.870	(A-8566)	rc
240.320	(P-8448)	n	240.880	(A-8566)	rc
240.330	(P-8448)	re	240.890	(A-8566)	rc
240.330	(P-8448)	re	240.905	(A-8566)	rc
240.340	(P-8448)	re	240.910	(A-8566)	rc
240.340	(P-8448)	n	240.920	(A-8566)	rc
240.350	(P-8448)	re	240.930	(A-8566)	rc
240.350	(P-8448)	n	240.940	(A-8566)	rc
240.360	(P-8448)	re	240.950	(A-8566)	rc
240.360	(P-8448)	re	240.960	(A-8566)	rc
240.370	(P-8448)	re	240.970	(A-8566)	rc
240.370	(P-8448)	n	240.980	(A-8566)	rc
240.380	(P-8448)	n	240.985	(A-8566)	rc
240.390	(P-8448)	n	240.990	(A-8566)	rc
240.395	(P-8448)	n	240.995	(A-8566)	rc
240.410	(P-20140/90; W-5110) (P-8448)	r	240.995	(P-14365) (E-14679)	r
240.410	(P-20140/90; W-5110) (P-8448)	n	240.1200	(A-8566) (CC-11641)	rc
240.420	(P-20140/90; W-5110) (P-8448)	r	240.1205	(A-8566) (CC-11641)	rc
240.420	(P-20140/90; W-5110) (P-8448)	n	240.1210	(A-8566) (CC-11641)	rc
240.430	(P-20140/90; W-5110) (P-8448)	r	240.1220	(A-8566) (CC-11641)	rc
240.430	(P-20140/90; W-5110) (P-8448)	n	240.1230	(A-8566) (CC-11641)	rc
240.440	(P-20140/90; W-5110) (P-8448)	n	240.1240	(A-8566) (CC-11641)	rc
240.450	(P-20140/90; W-5110) (P-8448)	n	240.1250	(A-8566) (CC-11641)	rc
240.460	(P-20140/90; W-5110) (P-8448)	n	240.1260	(A-8566) (CC-11641)	rc
240.470	(P-20140/90; W-5110) (P-8448)	n	240.1270	(A-8566) (CC-11641)	rc
240.510	(P-8448)	r	240.1300	(A-8566)	rc
240.520	(P-8448)	r	240.1305	(A-8566)	rc
240.600	(P-8448)	n	240.1310	(A-8566)	rc
240.610	(P-8448)	n	240.1320	(A-8566)	rc
240.610	(P-8448)	r	240.1330	(A-8566)	rc
240.620	(P-8448)	n	240.1340	(A-8566)	rc
240.620	(P-8448)	r	240.1350	(A-8566)	rc
240.630	(P-8448)	n	240.1360	(A-8566)	rc
240.630	(P-8448)	r	240.1370	(A-8566)	rc
240.640	(P-8448)	n	240.1380	(A-8566)	rc
240.640	(P-8448)	r	240.1385	(A-8566)	rc
240.650	(P-8448)	n	240.1390	(A-8566)	rc
240.650	(P-8448)	r	240.1395	(A-8566)	rc
240.655	(P-8448)	r	240.1400	(A-8566)	rc
240.655	(P-16205/90; A-2706)	am	240.1400	(P-14365) (E-14679)	r
240.660	(P-8448)	r	240.1400	(P-14365) (E-14679)	n
240.670	(P-8448)	r	240.1400	(A-8566) (CC-11641)	rc
240.670	(P-8448)	re	240.1405	(P-14365) (E-14679)	r
240.680	(P-8448)	r	240.1410	(A-8566) (CC-11641)	rc
240.680	(P-8448)	re	240.1410	(P-14365) (E-14679)	r
240.700	(P-8448)	n	240.1410	(A-8566) (CC-11641)	rc
240.710	(P-8448)	n	240.1420	(A-8566) (CC-11641)	rc
240.710	(P-8448)	re	240.1420	(P-14365) (E-14679)	n
240.720	(P-8448)	n	240.1420	(A-8566) (CC-11641)	rc
240.720	(P-8448)	re	240.1430	(A-8566) (CC-11641)	rc
240.730	(P-8448)	n	240.1430	(P-14365) (E-14679)	r
240.740	(P-8448)	n	240.1430	(A-8566) (CC-11641)	rc
240.750	(P-8448)	n	240.1440	(A-8566) (CC-11641)	rc
240.760	(P-8448)	n	240.1440	(P-14365) (E-14679)	r
240.770	(P-8448)	n	240.1440	(A-8566) (CC-11641)	n

TITLE 62 (CONT'D)

240.1450	(A-8566)	rc	2501.10	(P-141; A-6513)	am
240.1450	(P-14365) (E-14679)	r	2501.13	(P-141; A-6513)	am
240.1450	(P-14365) (E-14679)	n	2501.16	(P-141; A-6513)	am
240.1460	(A-8566)	rc	2501.19	(P-141; A-6513)	am
240.1460	(P-14365) (E-14679)	r	2501.25	(P-141; A-6513)	am
240.1460	(P-14365) (E-14679)	n			
240.1470	(A-8566) (CC-11641)	rc			
240.1470	(A-8566) (E-14679)	r			
240.1500	(A-8566)	re			
240.1500	(P-14365) (E-14679)	r			
240.1500	(P-14365) (E-14679)	n			
240.1510	(P-14365) (E-14679)	n			
240.1520	(P-14365) (E-14679)	n			
240.1530	(P-14365) (E-14679)	n			
1700.11	(P-1235)	am			
1701.Ap. A	(P-1242)	am			
1702.1	(P-1221)	n			
1702.5	(P-1221)	n			
1702.10	(P-1221)	n			
1702.11	(P-1221)	n			
1702.12	(P-1221)	n			
1702.13	(P-1221)	n			
1702.14	(P-1221)	n			
1702.15	(P-1221)	n			
1702.16	(P-1221)	n			
1702.17	(P-1221)	n			
1702.18	(P-1221)	n			
1761.11	(P-1212)	am			
1761.12	(P-1212)	am			
1772.11	(P-1347)	am			
1772.14	(P-1347)	am			
1773.5	(P-1352)	am			
1773.11	(P-1352)	am			
1773.15	(P-1352)	am			
1773.17	(P-1352)	am			
1773.19	(P-1352)	am			
1774.13	(P-1363)	am			
1778.14	(P-1342)	am			
1780.16	(P-1374)	am			
1780.37	(P-1374)	am			
1780.39	(P-1374)	n			
1784.21	(P-1382)	am			
1784.24	(P-1382)	am			
1784.30	(P-1382)	n			
1816.49	(P-1266)	am			
1816.68	(P-1266)	am			
1816.84	(P-1266)	am			
1816.111	(P-1266)	am			
1816.116	(P-1266)	am			
1816.117	(P-1266)	am			
1816.150	(P-1266)	am			
1816.151	(P-1266)	n			
1816.Ap.A	(P-1266)	am			
1817.49	(P-1314)	am			
1817.68	(P-1314)	am			
1817.84	(P-1314)	am			
1817.116	(P-1314)	am			
1817.117	(P-1314)	am			
1817.150	(P-1314)	am			
1817.151	(P-1314)	n			
1823.14	(P-1368)	am			
1823.15	(P-1368)	am			
2501.7	(P-141; A-6513)	am			

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1275.10	am	(P-7378/90; A-5258)	1450.19	n	(P-19515/90; A-10416)
1275.10	n	(P-3218; A-10091) (E-3324)	1450.20	am	(P-19515/90; A-10416)
1275.13	n	(P-7378/90; A-5258)	1450.25	n	(P-19515/90; A-10416)
1275.13	am	(P-7378/90; A-5258)	1450.30	am	(P-19515/90; A-10416)
1275.20	n	(P-3218; A-10091) (E-3324)	1450.40	am	(P-19515/90; A-10416)
1275.20	am	(P-7378/90; A-5258)	1450.55	n	(P-19515/90; A-10416)
1275.30	n	(P-3218; A-10091) (E-3324)	1450.60	am	(P-19515/90; A-10416)
1275.35	nb	(P-7378/90; A-5258)	1450.70	am	(P-19515/90; A-10416)
1275.40	am	(P-7378/90; A-5258)	1450.80	am	(P-19515/90; A-10416)
1275.40	n	(P-3218; A-10091)	1450.90	am	(P-19515/90; A-10416; C-10848)
1275.45	am	(P-7378/90; A-5258)	1450.100	am	(P-19515/90; A-10416; C-10848)
1275.50	n	(P-3218; A-10091)	1450.140	am	(P-19515/90; A-10416; C-10848)
1275.60	am	(P-7378/90; A-5258)	1450.150	am	(P-19515/90; A-10416)
1275.60	am	(P-3218; A-10091)	1450.170	am	(P-19515/90; A-10416)
1275.70	n	(P-3218; A-10091)	1450.175	am	(P-19515/90; A-10416)
1275.90	n	(P-6888; A-13365)	1450.180	am	(P-19515/90; A-10416)
1285.20	am	(P-6888; A-13365)	1450.185	am	(P-19515/90; A-10416)
1285.40	am	(P-6888; A-13365)	1450.210	r	(P-19515/90; A-10416)
1285.50	am	(P-6888; A-13365)	1450.215	am	(P-19515/90; A-10416)
1285.60	am	(P-6888; A-13365)	1450.220	am	(P-19515/90; A-10416)
1285.70	am	(P-6888; A-13365)	1450.225	#	(P-19515/90; A-10416)
1285.80	am	(P-6888; A-13365)	1450.230	am	(P-19515/90; A-10416)
1285.90	am	(P-6888; A-13365)	1450.240	am	(P-19515/90; A-10416)
1285.95	am	(P-6888; A-13365)	1450.250	#	(P-19515/90; A-10416)
1285.105	n	(P-11389)	1450.260	r	(P-19515/90; A-10416)
1285.120	am	(P-6888; A-13365)	1450.270	r	(P-19515/90; A-10416)
1300.30	am	(P-2519; A-8573) (E-2855)	1450.275	am	(P-19515/90; A-10416)
1340.15	n	(P-11369) (E-11503; RC-14322)	1450.280	am	(P-19515/90; A-10416)
1340.20	am	(P-11369) (E-11503; RC-14322)	1450.290	am	(P-19515/90; A-10416)
1340.30	am	(P-11369) (E-11503; RC-14322)	1480.10	r	(P-14291/90; A-7081)
1340.40	am	(P-17432/90; A-5254)	1480.20	r	(P-14291/90; A-7081)
		RC-14322)	1480.30	r	(P-14291/90; A-7081)
1340.50	am	(P-11369)	1480.40	r	(P-14291/90; A-7081)
1340.55	am	(P-11369)	1480.45	#	(P-14291/90; A-7081)
1340.60	am	(P-11369)	1480.50	r	(P-14291/90; A-7081)
1340.65	am	(P-11369)	1480.110	n	(P-14291/90; A-7081)
1340.66	n	(P-11369)	1480.120	n	(P-14291/90; A-7081)
1340.70	am	(P-11369)	1480.130	n	(P-14291/90; A-7081)
1380.210	am	(P-7346/90; A-247)	1480.140	n	(P-14291/90; A-7081)
1380.220	am	(P-7346/90; A-247)	1480.150	n	(P-14291/90; A-7081)
1380.230	am	(P-7346/90; A-247)	1480.160	n	(P-14291/90; A-7081)
1380.240	am	(P-7346/90; A-247)	1480.170	n	(P-14291/90; A-7081)
1380.250	am	(P-7346/90; A-247)	1480.180	n	(P-14291/90; A-7081)
1380.260	am	(P-7346/90; A-247)	1480.190	#	(P-14291/90; A-7081)
1380.270	am	(P-7346/90; A-247)	1480.190	n	(P-14291/90; A-7081)
1380.280	am	(P-7346/90; A-247)	1480.200	n	(P-14291/90; A-7081)
1380.285	n	(P-7346/90; A-247)	1480.210	n	(P-14291/90; A-7081)
1380.290	am	(P-7346/90; A-247)	1480.220	#	(P-14291/90; A-7081)
1380.300	am	(P-7346/90; A-247)	1480.220	am	(P-14291/90; A-7081)
1380.310	am	(P-7346/90; A-247)	1500.25	am	(P-8635)
1380.320	am	(P-7346/90; A-247)	1500.35	am	(P-8635)
1380.330	am	(P-7346/90; A-247)	1500.45	am	(P-8635)
1380.340	am	(P-7346/90; A-247)			
1450.10	am	(P-19515/90; A-10416)			
1450.11	#	(P-19515/90; A-10416)			
1450.11	am	(P-19515/90; A-10416)	280.10	am	(P-18359/90; A-8696)
1450.12	#	(P-19515/90; A-10416)	280.20	am	(P-18359/90; A-8696)
1450.12	am	(P-19515/90; A-10416)	280.35	am	(P-18359/90; O-5112; R-8724; A-8696)
1450.15	am	(P-19515/90; A-10416)			
1450.17	am	(P-19515/90; A-10416)	285.1102	am	(P-17139/90; A-5070)
1450.17	am	(P-19515/90; A-10416)	285.1106	am	(P-17139/90; A-5070)
1450.18	am	(P-19515/90; A-10416)	420.630	am	(P-15645/90; A-3429)

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420.640	am	(P-15645/90; A-3429)	300.120	am	(P-4367)
750.10	n	(P-1791; RC-8317; A-14121)	300.330	am	(P-9957/90; A-554) (P-4367)
750.20	n	(P-1791; RC-8317; A-14121)	300.620	am	(P-9957/90; A-554)
750.30	n	(P-1791; RC-8317; A-14121)	300.1010	am	(P-14039)
750.40	am	(P-1791; RC-8317; A-14121)	300.2420	am	(P-9957/90; A-554)
750.40	am	(P-15035)	300.3220	am	(P-9957/90; A-554)
750.50	n	(P-1791; RC-8317; A-14121)	300.3240	am	(P-9957/90; A-554)
750.60	n	(P-1791; RC-8317; A-14121)	300.3260	am	(P-9957/90; A-554)
750.70	n	(P-1791; RC-8317; A-14121)	300.120	am	(P-4338)
750.80	n	(P-1791; RC-8317; A-14121)	330.330	am	(P-9920/90; A-516)
750.90	n	(P-1791; RC-8317; A-14121)	330.913	r	(P-9920/90; A-516)
750.100	n	(P-1791; RC-8317; A-14121)	330.1110	am	(P-9920/90; A-516)
750.110	n	(P-1791; RC-8317; A-14121)	330.4220	am	(P-9920/90; A-516)
750.120	n	(P-1791; RC-8317; A-14121)	330.4240	am	(P-9920/90; A-516)
750.130	n	(P-1791; RC-8317; A-14121)	330.4260	am	(P-9920/90; A-516)
750.140	n	(A-14121)	350.120	am	(P-4280)
750.150	n	(A-14121)	350.330	am	(P-9833/90; A-466)
750.160	n	(A-14121)	350.680	am	(P-9833/90; A-466)
750.170	n	(A-14121)	350.1220	am	(P-9833/90; A-466)
750.180	n	(P-15035)	350.3220	am	(P-9833/90; A-466)
750.190	n		350.3240	am	(P-9833/90; A-466)
750.200	n		350.3260	am	(P-9833/90; A-466)
750.210	n		350.3710	am	(P-9833/90; A-466)
750.220	n		350.3720	am	(P-9833/90; A-466)
750.230	n		350.3730	am	(P-9833/90; A-466)
750.240	n		350.3750	am	(P-9833/90; A-466)
750.250	n		350.3770	am	(P-9833/90; A-466)
750.260	n		350.3780	am	(P-9833/90; A-466)
750.270	n		350.3810	am	(P-9833/90; A-466)
750.280	n		350.3880	am	(P-9833/90; A-466)
750.290	n		350.3900	am	(P-9833/90; A-466)
750.300	n		350.3940	am	(P-9833/90; A-466)
750.310	n		350.4010	am	(P-9833/90; A-466)
750.320	n		350.4040	am	(P-9833/90; A-466)
750.330	n		350.4070	am	(P-9833/90; A-466)
750.340	n		350.4100	am	(P-9833/90; A-466)
750.350	n		350.4130	am	(P-9833/90; A-466)
750.360	n		350.4160	am	(P-9833/90; A-466)
750.370	n		350.4190	am	(P-9833/90; A-466)
750.380	n		350.4220	am	(P-9833/90; A-466)
750.390	n		350.4250	am	(P-9833/90; A-466)
750.400	n		350.4280	am	(P-9833/90; A-466)
750.410	n		350.4310	am	(P-9833/90; A-466)
750.420	n		350.4340	am	(P-9833/90; A-466)
750.430	n		350.4370	am	(P-9833/90; A-466)
750.440	n		350.4400	am	(P-9833/90; A-466)
750.450	n		350.4430	am	(P-9833/90; A-466)
750.460	n		350.4460	am	(P-9833/90; A-466)
750.470	n		350.4490	am	(P-9833/90; A-466)
750.480	n		350.4520	am	(P-9833/90; A-466)
750.490	n		350.4550	am	(P-9833/90; A-466)
750.500	n		350.4580	am	(P-9833/90; A-466)
750.510	n		350.4610	am	(P-9833/90; A-466)
750.520	n		350.4640	am	(P-9833/90; A-466)
750.530	n		350.4670	am	(P-9833/90; A-466)
750.540	n		350.4700	am	(P-9833/90; A-466)
750.550	n		350.4730	am	(P-9833/90; A-466)
750.560	n		350.4760	am	(P-9833/90; A-466)
750.570	n		350.4790	am	(P-9833/90; A-466)
750.580	n		350.4820	am	(P-9833/90; A-466)
750.590	n		350.4850	am	(P-9833/90; A-466)
750.600	n		350.4880	am	(P-9833/90; A-466)
750.610	n		350.4910	am	(P-9833/90; A-466)
750.620	n		350.4940	am	(P-9833/90; A-466)
750.630	n		350.4970	am	(P-9833/90; A-466)
750.640	n		350.5000	am	(P-9833/90; A-466)
750.650	n		350.5030	am	(P-9833/90; A-466)
750.660	n		350.5060	am	(P-9833/90; A-466)
750.670	n		350.5090	am	(P-9833/90; A-466)
750.680	n		350.5120	am	(P-9833/90; A-466)
750.690	n		350.5150	am	(P-9833/90; A-466)
750.700	n		350.5180	am	(P-9833/90; A-466)
750.710	n		350.5210	am	(P-9833/90; A-466)
750.720	n		350.5240	am	(P-9833/90; A-466)
750.730	n		350.5270	am	(P-9833/90; A-466)
750.740	n		350.5300	am	(P-9833/90; A-466)
750.750	n		350.5330	am	(P-9833/90; A-466)
750.760	n		350.5360	am	(P-9833/90; A-466)
750.770	n		350.5390	am	(P-9833/90; A-466)
750.780	n		350.5420	am	(P-9833/90; A-466)
750.790	n		350.5450	am	(P-9833/90; A-466)
750.800	n		350.5480	am	(P-9833/90; A-466)
750.810	n		350.5510	am	(P-9833/90; A-466)
750.820	n		350.5540	am	(P-9833/90; A-466)
750.830	n		350.5570	am	(P-9833/90; A-466)
750.840	n		350.5600	am	(P-9833/90; A-466)
750.850	n		350.5630	am	(P-9833/90; A-466)
750.860	n		350.5660	am	(P-9833/90; A-466)
750.870	n		350.5690	am	(P-9833/90; A-466)
750.880	n		350.5720	am	(P-9833/90; A-466)
750.890	n		350.5750	am	(P-9833/90; A-466)
750.900	n		350.5780	am	(P-9833/90; A-466)
750.910	n		350.5810	am	(P-9833/90; A-466)
750.920	n		350.5840	am	(P-9833/90; A-466)
750.930	n		350.5870	am	(P-9833/90; A-466)
750.940	n		350.5900	am	(P-9833/90; A-466)
750.950	n		350.5930	am	(P-9833/90; A-466)
750.960	n		350.5960	am	(P-

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697.100	am	(P-16779/90; A-11646)	790.3027	am	(P-11070) (E-11194)	(P-18457/90; A-6566)			
697.120	am	(P-16779/90; A-11646)			(P-11070; E-11194)	(P-11070; E-11194)			
697.130	am	(P-16779/90; A-11646)	790.3060	am	(P-3417; A-11791) (E-3537)	(P-3417; A-11791) (E-3537)			
697.140	am	(P-16779/90; A-11646)	790.3140	am	(P-18457/90; A-6566)	(P-18457/90; A-6566)			
697.150	r	(P-16779/90; A-11646)	790.3220	am	(P-11070; E-11194)	(P-11070; E-11194)			
697.160	am	(P-16779/90; A-11646)			(P-11070; E-11194)	(P-3417; A-11791) (E-3537)			
697.170	am	(P-16779/90; A-11646)	790.3308	n	(P-11070; E-11194)	(P-11070; E-11194)			
697.180	am	(P-16779/90; A-11646)			(P-11070; E-11194)	(P-3417; A-11791) (E-3537)			
697.300	am	(P-16779/90; A-11646)	790.3315	am	(P-11070; E-11194)	(P-11070; E-11194)			
697.4p. A	r	(P-16779/90; A-11646)	790.3335	am	(P-18457/90; A-6566)	(P-18457/90; A-6566)			
697.4p. B	am	(P-16779/90; A-11646)	790.3340	am	(P-11070; E-11194)	(P-11070; E-11194)			
697.610	am	(P-16779/90; A-11646)	790.3350	am	(P-18457/90; A-6566)	(P-18457/90; A-6566)			
710.210	am	(P-15246/90; W-675)	790.3420	am	(P-11070; E-11194)	(P-11070; E-11194)			
790.500	am	(P-3417; A-11791) (E-3537)	790.3488	n	(P-3417; A-11791) (E-3537)	(P-3417; A-11791) (E-3537)			
790.600	am	(P-11070; E-11194)	790.3540	am	(P-11070; E-11194)	(P-11070; E-11194)			
790.740	am	(P-11070; E-11194)			(P-11070; E-11194)	(P-11070; E-11194)			
790.780	am	(P-3417; A-11791) (E-3537)	790.3620	am	(P-11070; E-11194)	(P-11070; E-11194)			
790.910	am	(P-11070; E-11194)	790.3720	am	(P-11070; E-11194)	(P-11070; E-11194)			
790.1107	am	(P-3417; A-11791) (E-3537)	790.3907	am	(P-11070; E-11194)	(P-11070; E-11194)			
790.1112	n	(P-3417; A-11791) (E-3537)	790.3910	am	(P-11070; E-11194)	(P-11070; E-11194)			
790.1127	am	(P-18457/90; A-6566)	790.3914	am	(P-18457/90; A-6566)	(P-18457/90; A-6566)			
		(P-11070; E-11194)	790.3940	am	(P-3417; A-11791) (E-3537)	(P-3417; A-11791) (E-3537)			
790.1131	am	(P-18457/90; A-6566)	790.3945	am	(P-11070; E-11194)	(P-11070; E-11194)			
790.1350	n	(P-11070; E-11194)	790.4060	am	(P-3417; A-11791) (E-3537)	(P-3417; A-11791) (E-3537)			
790.1390	n	(P-18457/90; A-6566)	790.4140	am	(P-11070; E-11194)	(P-11070; E-11194)			
790.1418	am	(P-3417; A-11791) (E-3537)	790.4384	am	(P-11070; E-11194)	(P-11070; E-11194)			
790.1420	am	(P-3417; A-11791) (E-3537)	790.4385	n	(P-3417; A-11791) (E-3537)	(P-3417; A-11791) (E-3537)			
790.1423	am	(P-18457/90; A-6566)	790.4420	am	(P-3417; EA-11791) (E-3537)	(P-3417; EA-11791) (E-3537)			
790.1425	am	(P-3417; A-11791) (E-3537)	790.4495	n	(P-11070; E-11194)	(P-11070; E-11194)			
790.1560	am	(P-11070; E-11194)	790.4580	am	(P-11070; E-11194)	(P-11070; E-11194)			
790.1573	n	(P-11070; E-11194)	790.4660	am	(P-18457/90; A-6566)	(P-18457/90; A-6566)			
790.1685	am	(P-18457/90; A-6566)	790.4720	am	(P-11070; E-11194)	(P-11070; E-11194)			
790.1710	am	(P-3417; A-11791) (E-3537)	790.4725	am	(P-18457/90; A-6566)	(P-18457/90; A-6566)			
790.1740	am	(P-3417; A-11791) (E-3537)			(P-11070; E-11194)	(P-11070; E-11194)			
790.1870	n	(P-11070; E-11194)			(P-3417; A-11791) (E-3537)	(P-3417; A-11791) (E-3537)			
790.1930	am	(P-11070; E-11194)	790.4728	am	(P-18457/90; A-6566)	(P-18457/90; A-6566)			
790.1950	am	(P-18457/90; A-6566)	790.4740	am	(P-11070; E-11194)	(P-11070; E-11194)			
790.1960	am	(P-18457/90; A-6566)			(P-11070; E-11194)	(P-11070; E-11194)			
790.2020	am	(P-3417; A-11791) (E-3537)	790.4940	am	(P-11070; E-11194)	(P-11070; E-11194)			
790.2060	am	(P-11070; E-11194)	790.5030	n	(P-18457/90; A-6566)	(P-18457/90; A-6566)			
790.2130	am	(P-3417; A-11791) (E-3537)	790.5220	am	(P-3417; A-11791) (E-3537)	(P-3417; A-11791) (E-3537)			
790.2155	am	(P-18457/90; A-6566)	790.5300	am	(P-18457/90; A-6566)	(P-18457/90; A-6566)			
790.2180	am	(P-11070; E-11194)	790.5312	am	(P-3417; A-11791) (E-3537)	(P-3417; A-11791) (E-3537)			
790.2465	am	(P-18457/90; A-6566)	790.5320	am	(P-18457/90; A-6566)	(P-18457/90; A-6566)			
790.2485	am	(P-3417; A-11791) (E-3537)			(P-11070; E-11194)	(P-11070; E-11194)			
790.2580	am	(P-3417; A-11791) (E-3537)	790.5420	am	(P-3417; A-11791) (E-3537)	(P-3417; A-11791) (E-3537)			
790.2580	am	(P-3417; A-11791) (E-3537)	790.5483	am	(P-3417; A-11791) (E-3537)	(P-3417; A-11791) (E-3537)			
790.2617	am	(P-18457/90; A-6566)	790.5540	am	(P-11070; E-11194)	(P-11070; E-11194)			
790.2618	am	(P-18457/90; A-6566) (P-3417; A-11791) (E-3537) (P-11070; E-11194)	790.5660	am	(P-3417; A-11791) (E-3537)	(P-3417; A-11791) (E-3537)			
			790.5740	am	(P-11070; E-11194)	(P-11070; E-11194)			
			790.5792	am	(P-11070; E-11194)	(P-11070; E-11194)			
790.2645	n	(P-18457/90; A-6566)	790.5820	am	(P-3417; A-11791) (E-3537)	(P-3417; A-11791) (E-3537)			
790.2655	am	(P-18457/90; A-6566)	790.5830	am	(P-11070; E-11194)	(P-11070; E-11194)			
		(P-11070; E-11194)			(P-3417; A-11791) (E-3537)	(P-3417; A-11791) (E-3537)			
790.2660	r	(P-18457/90; A-6566)	790.5840	am	(P-11070; E-11194)	(P-11070; E-11194)			
790.2661	am	(P-11070; E-11194)			(P-3417; A-11791) (E-3537)	(P-3417; A-11791) (E-3537)			
790.2662	am	(P-18457/90; A-6566)	790.5900	am	(P-3417; A-11791) (E-3537)	(P-3417; A-11791) (E-3537)			
		(P-11070; E-11194)	790.5924	am	(P-11070; E-11194)	(P-11070; E-11194)			
790.2740	am	(P-11070; E-11194)	790.5940	am	(P-3417; A-11791) (E-3537)	(P-3417; A-11791) (E-3537)			
790.2820	am	(P-3417; A-11791) (E-3537)	790.6020	am	(P-11070; E-11194)	(P-11070; E-11194)			
		(P-11070; E-11194)	790.6180	am	(P-3417; A-11791) (E-3537)	(P-3417; A-11791) (E-3537)			
790.2902	am	(P-3417; A-11791) (E-3537)	790.6300	am	(P-11070; E-11194)	(P-11070; E-11194)			
790.2908	r	(P-11070; E-11194)	790.6430	am	(P-18457/90; A-6566)	(P-18457/90; A-6566)			
790.3020	am	(P-3417; A-11791) (E-3537)			(P-11070; E-11194)	(P-11070; E-11194)			

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II, F	n	(P-17452/90; A-11706)	590.10	n	(P-8493/90; A-1830)
500.Ap. B	n	(P-17452/90; A-11706)	590.10	n	(P-8503/90; A-1833)
II, A	n	(P-17452/90; A-11706)	590.20	n	(P-8493/90; A-1830)
II, B	n	(P-17452/90; A-11706)	590.20	n	(P-8503/90; A-1833)
II, C	n	(P-17452/90; A-11706)	590.30	n	(P-8493/90; A-1833)
II, D	n	(P-17452/90; A-11706)	590.30	n	(P-8503/90; A-1833)
II, E	n	(P-17452/90; A-11706)	590.40	n	(P-8493/90; A-1833)
II, F	n	(P-17452/90; A-11706)	590.50	n	(P-8503/90; A-1833)
500.Ap. C	n	(P-17452/90; A-11706)	590.100	r	(P-8493/90; A-1830)
500.Ap. D	n	(P-17452/90; A-11706)	590.100	r	(P-8503/90; A-1833)
500.Ap. E	n	(P-17452/90; A-11706)	590.110	n	(P-8493/90; A-1833)
II, A	n	(P-17452/90; A-11706)	590.110	n	(P-8503/90; A-1833)
II, B	n	(P-17452/90; A-11706)	590.120	n	(P-8493/90; A-1833)
II, C	n	(P-17452/90; A-11706)	590.120	n	(P-8503/90; A-1833)
II, D	n	(P-17452/90; A-11706)	590.130	n	(P-8493/90; A-1833)
II, E	n	(P-17452/90; A-11706)	590.130	r	(P-8503/90; A-1833)
II, F	n	(P-17452/90; A-11706)	590.140	n	(P-8493/90; A-1833)
II, G	n	(P-17452/90; A-11706)	590.140	r	(P-8503/90; A-1833)
II, H	n	(P-17452/90; A-11706)	590.200	n	(P-8503/90; A-1833)
II, I	n	(P-17452/90; A-11706)	590.210	n	(P-8503/90; A-1833)
II, J	n	(P-17452/90; A-11706)	590.220	n	(P-8503/90; A-1833)
500.Ap. F	n	(P-17452/90; A-11706)	590.230	n	(P-8503/90; A-1833)
II, A	n	(P-17452/90; A-11706)	590.240	n	(P-8503/90; A-1833)
II, B	n	(P-17452/90; A-11706)	590.300	n	(P-8503/90; A-1833)
II, C	n	(P-17452/90; A-11706)	590.310	n	(P-8503/90; A-1833)
II, D	n	(P-17452/90; A-11706)	590.320	n	(P-8503/90; A-1833)
II, E	n	(P-17452/90; A-11706)	590.330	n	(P-8503/90; A-1833)
II, F	n	(P-17452/90; A-11706)	590.400	n	(P-8503/90; A-1833)
500.Ap. G	n	(P-17452/90; A-11706)	590.410	n	(P-8503/90; A-1833)
II, A	n	(P-17452/90; A-11706)	590.420	n	(P-8503/90; A-1833)
II, B	n	(P-17452/90; A-11706)	590.Ap. A	n	(P-8503/90; A-1833)
II, C	n	(P-17452/90; A-11706)	590.Ap. B	n	(P-8503/90; A-1833)
II, D	n	(P-17452/90; A-11706)	590.Ap. C	n	(P-8503/90; A-1833)
II, E	n	(P-17452/90; A-11706)	590.Ap. D	n	(P-8503/90; A-1833)
500.Ap. H	n	(P-17452/90; A-11706)	595.10	am	(P-3398)
II, A	n	(P-17452/90; A-11706)	595.100	am	(P-3398)
II, B	n	(P-17452/90; A-11706)	595.110	am	(P-3398)
II, C	n	(P-17452/90; A-11706)	595.200	am	(P-3398)
II, D	n	(P-17452/90; A-11706)	595.300	am	(P-3398)
500.Ap. I	n	(P-17452/90; A-11706)	595.310	am	(P-3398)
510.10	am	(P-418; A-7718)	595.320	am	(P-3398)
510.60	am	(P-418; A-7718)	595.Ap. A	am	(P-3398)
510.110	am	(P-418; A-7718) (E-612)	595.Ap. B	am	(P-3398)
510.120	am	(P-418; A-7718)	630.25	am	(P-15726/90; A-13874)
510.130	am	(P-418; A-7718)	630.70	am	(P-15726/90; A-13874)
535.10	am	(P-8120)	630.220	am	(P-17867/90; A-7706)
535.20	am	(P-8120)	665.240	am	(P-16810/90; A-11679)
535.60	am	(P-16237/90; A-5722)	690.100	am	(P

TITLE 77 (CONT'D)

790.6435	am	(P-11070; E-11194)	905.110	am	(P-16305/90; W-13202)	2030.160	n	(P-9083)	2030.950	r	(P-9153)
790.6500	am	(P-11070; E-11194)	905.125	am	(P-16305/90; W-13202)	2030.210	r	(P-9153)	2030.960	r	(P-9153)
790.6505	n	(P-3417; A-11791) (E-3537)	905.130	am	(P-16305/90; W-13202)	2030.210	n	(P-9083)	2030.970	r	(P-9153)
790.6610	am	(P-11070; E-11194)	905.140	am	(P-16305/90; W-13202)	2030.220	r	(P-9153)	2030.980	r	(P-9153)
790.6875	am	(P-3417; A-11791) (E-3537)	905.150	am	(P-16305/90; W-13202)	2030.220	n	(P-9083)	2030.1010	r	(P-9153)
		(P-11070; E-11194)	905.160	am	(P-16305/90; W-13202)	2030.230	r	(P-9153)	2030.1010	n	(P-9083)
790.6960	am	(P-3417; A-11791) (E-3537)	905.170	am	(P-16305/90; W-13202)	2030.230	n	(P-9083)	2030.1020	r	(P-9153)
790.7120	am	(P-3417; A-11791) (E-3537)	905.180	am	(P-16305/90; W-13202)	2030.310	r	(P-9153)	2030.1020	n	(P-9083)
790.7160	am	(P-18457/90; A-6566)	905.190	am	(P-16305/90; W-13202)	2030.310	n	(P-9083)	2030.1030	r	(P-9153)
790.7221	n	(P-3417; A-11791) (E-3537)	905.200	am	(P-16305/90; W-13202)	2030.320	r	(P-9153)	2030.1030	n	(P-9083)
790.7245	am	(P-3417; A-11791) (E-3537)	905.210	am	(P-16305/90; W-13202)	2030.320	n	(P-9083)	2030.1040	r	(P-9153)
		(P-11070; E-11194)	905.210	am	(P-16305/90; W-13202)	2030.330	r	(P-9153)	2030.1040	n	(P-9083)
790.7280	am	(P-18457/90; A-6566)	905.210	am	(P-16305/90; W-13202)	2030.330	n	(P-9083)	2030.1050	r	(P-9153)
790.7278	am	(P-3417; A-11791) (E-3537)	920.15	am	(P-6460)	2030.340	r	(P-9153)	2030.1060	n	(P-9083)
		(P-11070; E-11194)	920.15	am	(P-6460)	2030.340	n	(P-9083)	2030.1070	r	(P-9153)
790.7280	am	(P-3417; A-11791) (E-3537)	920.20	am	(P-6460)	2030.350	r	(P-9153)	2030.1080	n	(P-9083)
		(P-11070; E-11194)	920.30	am	(P-6460)	2030.350	n	(P-9083)	2030.1090	r	(P-9153)
790.7294	r	(P-11070; E-11194)	920.40	am	(P-6460)	2030.360	r	(P-9153)	2030.1110	n	(P-9083)
790.7340	am	(P-11070; E-11194)	920.50	am	(P-6460)	2030.410	r	(P-9153)	2030.1120	r	(P-9153)
790.7380	am	(P-11070; E-11194)	920.60	am	(P-6460)	2030.410	n	(P-9083)	2030.1120	n	(P-9083)
790.7740	am	(P-3417; A-11791) (E-3537)	920.70	am	(P-6460)	2030.420	r	(P-9153)	2030.1130	r	(P-9153)
790.7820	am	(P-3417; A-11791) (E-3537)	920.80	am	(P-6460)	2030.420	n	(P-9083)	2030.1130	n	(P-9083)
790.7828	am	(P-11070; E-11194)	920.90	am	(P-6460)	2030.430	r	(P-9153)	2030.1140	r	(P-9153)
790.8015	am	(P-3417; A-11791) (E-3537)	920.100	am	(P-6460)	2030.430	n	(P-9083)	2030.1140	n	(P-9083)
		(P-11070; E-11194)	920.110	am	(P-6460)	2030.440	r	(P-9153)	2030.1150	n	(P-9083)
790.8020	am	(P-18457/90; A-6566)	920.110	am	(P-6460)	2030.440	n	(P-9083)	2030.1160	r	(P-9153)
790.8106	am	(P-3417; A-11791) (E-3537)	920.120	am	(P-6460)	2030.450	r	(P-9153)	2030.1205	r	(P-9153)
790.8140	am	(P-11070; E-11194)	920.130	am	(P-6460)	2030.450	n	(P-9083)	2030.1205	n	(P-9083)
790.8290	am	(P-11070; E-11194)	920.170	n	(P-6460)	2030.510	r	(P-9153)	2030.1210	r	(P-9153)
790.8420	am	(P-3417; A-11791) (E-3537)	920.180	n	(P-6460)	2030.520	n	(P-9083)	2030.1210	n	(P-9083)
790.8500	am	(P-11070; E-11194)	920.7b. A	am	(P-6460)	2030.530	r	(P-9153)	2030.1215	r	(P-9153)
790.8580	am	(P-3417; A-11791) (E-3537)	920.7b. B	am	(P-6460)	2030.540	r	(P-9083)	2030.1215	n	(P-9083)
790.8620	am	(P-3417; A-11791) (E-3537)	920.7b. H	am	(P-6460)	2030.550	n	(P-9083)	2030.1220	r	(P-9153)
790.8710	am	(P-3417; A-11791) (E-3537)	925.10	am	(P-6498)	2030.610	r	(P-9153)	2030.1220	n	(P-9083)
790.8718	am	(P-11070; E-11194)	925.15	am	(P-6498)	2030.610	n	(P-9083)	2030.1225	r	(P-9153)
790.9048	am	(P-18457/90; A-6566)	925.20	am	(P-6498)	2030.620	r	(P-9153)	2030.1225	n	(P-9083)
		(P-11070; E-11194)	925.30	am	(P-6498)	2030.630	r	(P-9153)	2030.1230	r	(P-9153)
790.9056	am	(P-3417; A-11791) (E-3537)	925.40	am	(P-6498)	2030.640	r	(P-9153)	2030.1230	n	(P-9083)
		(P-11070; E-11194)	925.50	am	(P-6498)	2030.710	r	(P-9153)	2030.1235	r	(P-9153)
790.9084	am	(P-11070; E-11194)	925.50	am	(P-6498)	2030.710	n	(P-9083)	2030.1240	r	(P-9153)
790.9220	am	(P-3417; A-11791) (E-3537)	1130.420	am	(E-4787; O-8319) (P-6100; W-13201)	2030.720	r	(P-9153)	2030.1245	n	(P-9083)
790.9320	r	(P-11070; E-11194)	1130.4p. A	n	(P-9153)	2030.730	r	(P-9153)	2030.1250	r	(P-9153)
790.9420	am	(P-3417; A-11791) (E-3537)	2030.10	r	(P-9083)	2030.730	n	(P-9083)	2030.1250	n	(P-9083)
790.9460	am	(P-11070; E-11194)	2030.10	n	(P-9153)	2030.740	r	(P-9153)	2030.1255	r	(P-9153)
		(P-3417; A-11791) (E-3537)	2030.20	r	(P-9083)	2030.750	r	(P-9153)	2030.1260	r	(P-9153)
790.9500	am	(P-3417; A-11791) (E-3537)	2030.20	r	(P-9153)	2030.750	n	(P-9083)	2030.1265	r	(P-9153)
790.9580	am	(P-3417; A-11791) (E-3537)	2030.30	r	(P-9153)	2030.760	r	(P-9153)	2030.1265	n	(P-9083)
895.10	am	(P-5005)	2030.30	n	(P-9153)	2030.810	r	(P-9153)	2030.1270	r	(P-9153)
895.20	am	(P-5005)	2030.40	r	(P-9153)	2030.810	n	(P-9083)	2030.1310	r	(P-9153)
895.30	am	(P-5005)	2030.40	r	(P-9153)	2030.820	r	(P-9153)	2030.1320	n	(P-9153)
895.40	am	(P-5005)	2030.40	r	(P-9153)	2030.830	r	(P-9083)	2030.1330	r	(P-9153)
895.50	am	(P-5005)	2030.50	r	(P-9153)	2030.840	n	(P-9083)	2030.1340	r	(P-9153)
905.10	am	(P-16305/90; W-13202)	2030.100	n	(P-9153)	2030.850	n	(P-9083)	2030.1350	r	(P-9153)
905.15	am	(P-16305/90; W-13202)	2030.105	n	(P-9083)	2030.910	r	(P-9153)	2031.10	r	(P-9149)
905.20	am	(P-16305/90; W-13202)	2030.107	n	(P-9083)	2030.910	n	(P-9083)	2032.10	r	(P-9218)
905.30	am	(P-16305/90; W-13202)	2030.110	n	(P-9083)	2030.920	r	(P-9153)	2032.15	r	(P-9218)
905.40	am	(P-16305/90; W-13202)	2030.115	n	(P-9153)	2030.930	r	(P-9153)	2032.20	r	(P-9218)
905.50	am	(P-16305/90; W-13202)	2030.120	n	(P-9153)	2030.940	r	(P-9153)	2032.25	r	(P-9218)
905.55	am	(P-16305/90; W-13202)	2030.125	n	(P-9153)				2032.30	r	(P-9218)
905.60	am	(P-16305/90; W-13202)	2030.130	n	(P-9153)						
905.70	am	(P-16305/90; W-13202)	2030.135	n	(P-9153)						
905.80	am	(P-16305/90; W-13202)	2030.140	n	(P-9153)						
905.90	am	(P-16305/90; W-13202)	2030.145	n	(P-9153)						
905.100	am	(P-16305/90; W-13202)	2030.150	n	(P-9153)						

TITLE 77 (CONT'D)

905.110	am	(P-16305/90; W-13202)	905.110	am	(P-16305/90; W-13202)
905.120	am	(P-16305/90; W-13202)	905.120	am	(P-16305/90; W-13202)
905.125	am	(P-16305/90; W-13202)	905.125	am	(P-16305/90; W-13202)
905.130	am	(P-16305/90; W-13202)	905.130	am	(P-16305/90; W-13202)
905.140	am	(P-16305/90; W-13202)	905.140	am	(P-16305/90; W-13202)
905.150	am	(P-16305/90; W-13202)	905.150	am	(P-16305/90; W-13202)
905.160	am	(P-16305/90; W-13202)	905.160	am	(P-16305/90; W-13202)
905.170	am	(P-16305/90; W-13202)	905.170	am	(P-16305/90; W-13202)
905.180	am	(P-16305/90; W-13202)	905.180	am	(P-16305/90; W-13202)
905.190	am	(P-16305/90; W-13202)	905.190	am	(P-16305/90; W-13202)
905.200	am	(P-16305/90; W-13202)	905.200	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	905.210	am	(P-16305/90; W-13202)
905.210	am	(P-16305/90; W-13202)	90		

TITLE 77 (CONT'D)		TITLE 80 (CONT'D)		TITLE 83	
2032.35	(P-9218)	2058.378	(P-8337; A-13708)	220.5	am
2032.40	(P-9218)	2058.380	(P-8337; A-13708)	220.10	am
2032.45	(P-9218)	2058.382	(P-8337; A-13708)	220.20	am
2032.50	(P-9218)	2058.384	(P-8337; A-13708)	220.30	am
2032.55	(P-9218)	2058.386	(P-8337; A-13708)	220.40	am
2032.60	(P-9218)	2058.388	(P-8337; A-13708)	220.50	am
2058.105	(P-9218)	2058.392	(P-8337; A-13708)	280.100	am
2058.110	(P-9218)	2058.394	(P-8337; A-13708)	285.210	am
2058.115	(P-9218)	2058.396	(P-8337; A-13708)	315.10	am
2058.120	(P-9218)	2058.400	(P-8337; A-13708)	315.20	am
2058.125	(P-9218)	2058.405	(P-8337; A-13708)	315.30	am
2058.130	(P-9218)	2058.410	(P-8337; A-13708)	315.40	am
2058.135	(P-9218)	2058.600	(P-8337; A-13708)	315.50	am
2058.200	(P-9218)	2058.602	(P-8337; A-13708)	315.60	am
2058.205	(P-9218)	2058.603	(P-8337; A-13708)	315.70	am
2058.210	(P-9218)	2058.630	(P-8337; A-13708)	315.80	am
2058.220	(P-9218)	2058.700	(P-8337; A-13708)	315.90	am
2058.230	(P-9218)	2058.705	(P-8337; A-13708)	316.00	am
2058.235	(P-9218)	2058.805	(P-8337; A-13708)	316.10	am
2058.303	(P-9218)	2058.900	(P-8337; A-13708)	316.20	am
2058.306	(P-9218)	2058.905	(P-8337; A-13708)	316.30	am
2058.309	(P-9218)	2090.10	(P-9785; E-10222)	316.40	am
2058.312	(P-9218)	2090.20	(P-9785; E-10222)	316.50	am
2058.315	(P-9218)	2090.30	(P-9785; E-10222)	316.60	am
2058.318	(P-9218)	2090.40	(P-9785; E-10222)	316.70	am
2058.319	(P-9218)	2090.50	(P-9785; E-10222)	316.80	am
2058.321	(P-9218)	2530.Ap. B	(P-1742890; A-1821)	316.90	am
2058.324	(P-9218)			317.00	am
2058.327	(P-9218)			317.10	am
2058.330	(P-9218)			317.20	am
2058.333	(P-9218)			317.30	am
2058.336	(P-9218)			317.40	am
2058.342	(P-9218)			317.50	am
2058.343	(P-9218)			317.60	am
2058.343	(P-9218)			317.70	am
2058.348	(P-9218)			317.80	am
2058.351	(P-9218)			317.90	am
2058.354	(P-9218)			318.00	am
2058.357	(P-9218)			318.10	am
2058.360	(P-9218)			318.20	am
2058.363	(P-9218)			318.30	am
2058.366	(P-9218)			318.40	am
2058.369	(P-9218)			318.50	am
2058.372	(P-9218)			318.60	am
2058.374	(P-9218)			318.70	am
2058.376	(P-9218)			318.80	am

TITLE 77 (CONT'D)		TITLE 80 (CONT'D)		TITLE 83	
2032.35	(P-9218)	2058.378	(P-8337; A-13708)	220.5	am
2032.40	(P-9218)	2058.380	(P-8337; A-13708)	220.10	am
2032.45	(P-9218)	2058.382	(P-8337; A-13708)	220.20	am
2032.50	(P-9218)	2058.384	(P-8337; A-13708)	220.30	am
2032.55	(P-9218)	2058.386	(P-8337; A-13708)	220.40	am
2032.60	(P-9218)	2058.388	(P-8337; A-13708)	220.50	am
2058.105	(P-9218)	2058.392	(P-8337; A-13708)	280.100	am
2058.110	(P-9218)	2058.394	(P-8337; A-13708)	285.210	am
2058.115	(P-9218)	2058.396	(P-8337; A-13708)	315.10	am
2058.120	(P-9218)	2058.400	(P-8337; A-13708)	315.20	am
2058.125	(P-9218)	2058.405	(P-8337; A-13708)	315.30	am
2058.130	(P-9218)	2058.410	(P-8337; A-13708)	315.40	am
2058.135	(P-9218)	2058.600	(P-8337; A-13708)	315.50	am
2058.200	(P-9218)	2058.602	(P-8337; A-13708)	315.60	am
2058.205	(P-9218)	2058.603	(P-8337; A-13708)	315.70	am
2058.210	(P-9218)	2058.630	(P-8337; A-13708)	315.80	am
2058.220	(P-9218)	2058.700	(P-8337; A-13708)	315.90	am
2058.230	(P-9218)	2058.705	(P-8337; A-13708)	316.00	am
2058.235	(P-9218)	2058.805	(P-8337; A-13708)	316.10	am
2058.303	(P-9218)	2058.900	(P-8337; A-13708)	316.20	am
2058.306	(P-9218)	2058.905	(P-8337; A-13708)	316.30	am
2058.309	(P-9218)	2090.10	(P-9785; E-10222)	316.40	am
2058.312	(P-9218)	2090.20	(P-9785; E-10222)	316.50	am
2058.315	(P-9218)	2090.30	(P-9785; E-10222)	316.60	am
2058.318	(P-9218)	2090.40	(P-9785; E-10222)	316.70	am
2058.319	(P-9218)	2090.50	(P-9785; E-10222)	316.80	am
2058.321	(P-9218)	2530.Ap. B	(P-1742890; A-1821)	316.90	am
2058.324	(P-9218)			317.00	am
2058.327	(P-9218)			317.10	am
2058.330	(P-9218)			317.20	am
2058.333	(P-9218)			317.30	am
2058.336	(P-9218)			317.40	am
2058.342	(P-9218)			317.50	am
2058.343	(P-9218)			317.60	am
2058.343	(P-9218)			317.70	am
2058.348	(P-9218)			317.80	am
2058.351	(P-9218)			317.90	am
2058.354	(P-9218)			318.00	am
2058.357	(P-9218)			318.10	am
2058.360	(P-9218)			318.20	am
2058.363	(P-9218)			318.30	am
2058.366	(P-9218)			318.40	am
2058.369	(P-9218)			318.50	am
2058.372	(P-9218)			318.60	am
2058.374	(P-9218)			318.70	am
2058.376	(P-9218)			318.80	am

TITLE #9 (CONT'D)		TITLE #9 (CONT'D)	
147.340	n	650.20	r
147.345	n	650.70	n
147.350	n	650.90	n
147.Tb.A	am	650.100	n
147.Tb.B	am	650.110	n
147.Tb.C	n	650.120	n
147.Tb.D	n	650.130	n
147.Tb.E	n	650.140	n
147.Tb.F	n	650.150	n
147.Tb.G	n	650.160	n
147.Tb.H	n	650.200	n
147.Tb.I	n	650.500	r
147.Tb.J	n	650.600	r
147.Tb.K	n	650.700	r
148.30	am	650.1000	r
148.340	am	650.Ap.B	r
148.360	am	685.150	n
148.370	am	685.500	am
148.380	am	685.550	n
148.390	am	685.600	am
149.150	am	687.10	am
160.5	am	687.100	am
160.10	am	695.300	am
160.20	am	695.400	am
160.70	am	700.200	am
240.655	am	700.400	am
240.1665	am	700.500	r
300.20	am	712.100	am
300.30	am	712.200	am
335.100	am	712.300	am
335.102	am	712.400	am
335.200	am	712.1000	am
335.202	am	712.Ap.A	am
335.300	am	730.400	am
335.302	am	755.10	am
335.304	am	755.20	n
335.306	am	755.22	n
335.308	r	755.25	n
335.310	am	755.30	am
335.312	am	755.40	am
335.314	am	755.50	r
335.316	am	755.55	n
335.318	am	755.60	r
335.320	am	755.65	n
335.322	am	755.70	r
335.324	am	755.75	r
335.326	am	755.80	n
335.328	am	755.85	n
335.330	am	755.90	r
335.332	am	755.95	n
335.334	am	755.100	n
335.336	am	755.110	n
335.338	am	755.120	r
335.340	am	755.130	r
335.342	am		
335.344	am		
335.346	am		
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